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KENT COUNTY COUNCIL.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1935.

BY

CONSTANT PONDER, M.A., M.D., D.P.H.,

County Medical Officer of Health

PRINTED BY

F. A. CLEMENTS (CHATHAM) LTD., MEETING HOUSE LANE, CHATHAM

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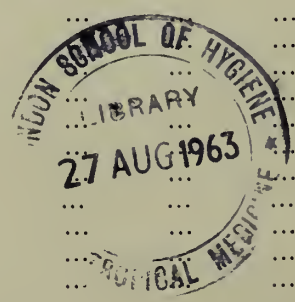
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SESSIONS HOUSE,

MAIDSTONE.

30th September, 1936.

To the Chairman and Members of the Kent County Council.

LADIES AND GENTLEMEN,

I beg to submit herewith the Annual Report on the Public Health and Sanitary Condition of the County of Kent, for the year ended December 31st, 1935.

The preparation of an annual report is a duty prescribed by Article 6 (3) of the Sanitary Officers' Regulations of 1935. A County medical officer of health is required to report, annually, on the sanitary circumstances, sanitary administration, and vital statistics of his district ; to include such information as may, from time to time, be required by the Minister of Health ; and to embody those other matters upon which he may consider it desirable to report.

The public health matters which are reviewed in the following pages concern a period when my predecessor, Dr. Greenwood, was in administrative charge of the Department. The form of the report follows closely that which he adopted ; and the greater part had already been written when I took up my duties as County Medical Officer on 1st August, 1936.

To bring the report into conformity with other Council publications, foolscap folio in the place of royal octavo has been adopted : this change will have the additional advantage that large tables, charts, graphs, etc. can be displayed in a more convenient manner.

New legislation is resulting in a prospect of largely increased work for my Department. It would seem as if the somewhat stagnant period since the War is passing as a result of improved financial conditions and that a higher standard of health in the general population will be demanded in the future. Your Council has prepared to meet these demands adequately by appointing additional medical officers on my staff. I wish here to express my gratitude for this sympathetic recognition of the difficulties involved and for the kindly support given me by the members of your Council individually and as a body since I have taken office.

The smooth and successful working of the Department during the period of transition is due to the loyalty and efficiency of the staff who have maintained the high standard shown by them during Dr. Greenwood's period of office.

In the retirement of Dr. Greenwood we have lost one who, I think, will be remembered by his staff, principally for his unfailing kindness towards them and for the courage with which he always faced difficulties.

I am, Ladies and Gentlemen,

Yours obediently,

CONSTANT PONDER.

KENT COUNTY COUNCIL

PUBLIC HEALTH AND HOUSING COMMITTEE.

This Committee reports to the County Council on all matters concerning the Public Health. Its constitution for 1936 is as follows :—

AYLING, H. E.

BARHAM, COLONEL A. S., C.M.G.

COLTHUP, W. (Chairman of the Finance Committee).

DUNCANSON, E. F.

ELGOOD, C. A.

GIFFARD, CAPT. H. G., R.N. (Retd.)

GULLY, GRIERSON J. (Chairman of Committee).

HARDY, Edward (Chairman of the County Council).

HIGGS, RICHARD.

IGGLESDEN, SIR CHARLES.

JENNER, G.

KIRBY, MAJOR M. T., D.S.O.

MONK, A. J.

MORGAN, The Rev. S. J. W.

PRESTEDGE, T. H.

PYM, MAJOR C. E., O.B.E., (Vice-Chairman of the County Council).

SKINNER, J. E.

SMITH, LT.-COL. C. A. Johnstone.

TAPP, A. W.

WIGAN, MISS E. J.

The following are nominated by the Kent Insurance Committee to serve on the Public Health and Housing Committee when matters dealing with the treatment of tuberculosis are under consideration :—

J. E. FRENCH, of Little Rayham, Newington, Sittingbourne.

Mrs. A. E. OSBORNE, of Betsham, Gravesend.

The following are added to the Public Health and Housing Committee when matters dealing with maternity and child welfare are under consideration :—

Mrs. WINSTON CHURCHILL, of Chartwell, Westerham.

Mrs. M. J. DANIELL, of Danedale, Bearsted.

Dr. MARJORIE K. DAY, of The Hobby, College Road, Maidstone.

Mrs. E. E. FRENCH, of Little Rayham, Newington, Sittingbourne.

The following Sub-Committees are appointed :—

HOSPITAL SERVICES SUB-COMMITTEE.—Colonel A. S. Barham (Chairman), Messrs. H. E. Ayling, W. Colthup, E. F. Duncanson, C. A. Elgood, J. E. French, Captain H. G. Giffard, G. J. Gully, Edward Hardy, Sir Charles Igglesden, Mrs. A. E. Osborne, Major C. E. Pym, Lt.-Colonel C. A. Johnstone Smith, and Miss E. J. Wigan.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.—C. A. Elgood (Chairman), Messrs. H. E. Ayling, Colonel A. S. Barham, Mrs. Winston Churchill, W. Colthup, Mrs. M. J. Daniell, Dr. Marjorie K. Day, Mrs. E. E. French, G. J. Gully, Edward Hardy, G. Jenner, A. J. Monk, the Rev. S. J. W. Morgan and Major C. E. Pym.

GENERAL SUB-COMMITTEE.—G. J. Gully (Chairman), Messrs. H. E. Ayling, Colonel A. S. Barham, W. Colthup, C. A. Elgood, E. Hardy, R. Higgs, Major M. T. Kirby, T. H. Prestedge, Major C. E. Pym, and J. E. Skinner.

ESTIMATES AND BILLS SUB-COMMITTEE.—H. E. Ayling (Chairman), Messrs. W. Colthup, G. J. Gully, Edward Hardy, A. J. Monk and Major C. E. Pym.

The following representatives of the County Council serve on the Committee of Management of the Alexandra Hospital for Children, at Swanley, in connection with the County Orthopædic Scheme :—Mrs. Winston Churchill, Mrs. M. M. Deed, Mrs. L. Lyle, Messrs. W. Millen and A. G. A. Salter.

LOCAL AUTHORITIES

BOROUGHES AND URBAN.

Urban and Borough Councils.	Clerks. (1936.)	Medical Officers of Health. (1936).	Public Health Staff.		†Date of Receipt of Annual Summary in 1936.
			Sani- tary Inspec- tors.	Clerical.	
Ashford U. ...	J. Sudlow ...	*D. MacDougall ...	2 $\frac{1}{2}$	2	June 10th
Beckenham B. ...	C. E. Staddon ...	*T. P. Cole ...	4	4	April 29th
Bexley U. ...	W. Woodward ...	*G. F. Bramley ...	3(2 $\frac{1}{2}$)	3	July 22nd
Broadstairs U. ...	E. F. Owen ...	*A. M. Watts ...	1 $\frac{1}{2}$	1	May 16th
Bromley B. ...	S. C. Auty ...	*K. E. Tapper ...	4 $\frac{1}{2}$	3	August 13th
Chatham B. ...	E. B. Lee ...	*J. Holroyde ...	4 $\frac{1}{2}$	5	July 6th
Chislehurst and Sidcup U. ...	E. T. Chater... ..	*P. N. Cave ...	4 $\frac{1}{2}$	1	May 9th
Crayford U. ...	L. Burslem ...	C. M. Ockwell ...	2(1 $\frac{1}{2}$)	—	April 22nd
Dartford B. ...	J. J. Hurtley ...	T. Farthing ...	2 $\frac{1}{2}$	1	May 8th
Deal B. ...	D. A. Daniels ...	D. W. Kirk ...	2	1	July 2nd
Dover B....	R. E. Knocker ...	*A. B. McMaster ...	4(3 $\frac{1}{2}$)	3	July 22nd
Erith U. ...	D. S. Twigg ...	*A. W. Johns ...	2 $\frac{1}{2}$	3	July 7th
Faversham B. ...	Guy Tassell ...	C. J. Evers ...	1 $\frac{1}{2}$	—	April 20th
Folkestone B. ...	C. F. Nicholson ...	*A. Priestman ...	4 $\frac{1}{2}$	3	July 13th
Gillingham B. ...	R. Booth ...	*W. A. Muir... ..	5(4 $\frac{1}{2}$)	4	April 23rd
Gravesend B. ...	H. H. Brown ...	*C. D. Outred ...	4(2 $\frac{1}{2}$)	2	June 2nd
Herne Bay U. ...	A. H. Edwards ...	*A. M. Watts ...	1	1	May 16th
Hythe B. ...	H. Stainer ...	*D. MacDougall ...	1 $\frac{1}{2}$	1	June 10th
Lydd B. ...	W. Lamacraft ...	A. McMillan ...	1	—	May 16th
Maidstone B. ...	G. Wilson ...	*P. J. Gaffikin ...	2 $\frac{1}{2}$	3	July 15th
Margate B. ...	P. T. Grove ...	*G. L. Brocklehurst ...	4 $\frac{1}{2}$	4	July 16th
New Romney B. ...	W. Lamacraft ...	A. McMillan ...	1	—	May 16th
Northfleet U. ...	F. W. Jones ...	*M. F. McDonnell ...	1 $\frac{1}{2}$	—	July 4th
Orpington U. ...	L. O. Wall ...	*P. N. Cave ...	3(2 $\frac{1}{2}$)	—	May 23rd
Penge U. ...	A. J. Elson ...	R. Wilkinson ...	2 $\frac{1}{2}$	2	June 12th
Queenborough B. ...	E. C. Harris ...	*W. C. D. Hills ...	1	—	June 13th
Ramsgate B. ...	H. G. Curtis ...	*W. J. Bannister ...	3 $\frac{1}{2}$	1	May 21st
Rochester City ...	J. L. Percival ...	*J. O. Murray ...	4(3 $\frac{1}{2}$)	2	July 22nd
Sandwich B. ...	E. C. Byrne ...	*J. J. Day ...	1	—	May 1st
Sevenoaks U. ...	G. T. Bradbury ...	*P. N. Cave ...	1 $\frac{1}{2}$	—	May 4th
Sheerness U. ...	H. V. Stallon ...	*W. C. D. Hills ...	1 $\frac{1}{2}$	—	June 16th
Sittingbourne and Milton U. ...	G. H. Potter ...	*W. C. D. Hills (Acting) ...	1 $\frac{1}{2}$	—	June 12th
Southborough U. ...	W. N. Wood ...	*S. N. Galbraith ...	1	—	July 23rd
Swanscombe U. ...	H. Tuffee ...	C. M. Ockwell ...	1	—	May 4th
Tenterden B. ...	H. B. Mace ...	*S. N. Galbraith ...	1	—	July 23rd
Tonbridge U. ...	H. W. Peach ...	*S. N. Galbraith ...	1 $\frac{1}{2}$	—	July 23rd
Tunbridge Wells B. ...	J. Whitehead ...	*F. C. Linton ...	4(3 $\frac{1}{2}$)	3	June 26th
Whitstable U. ...	A. B. Baker ...	C. E. Etheridge (Temp'ry) ...	2(1 $\frac{1}{2}$)	1	July 29th
RURAL.					
Ashford, East ...	F. Webb ...	*D. MacDougall ...	1	—	June 10th
Ashford, West ...	W. H. Carter ...	*D. MacDougall ...	1 $\frac{1}{2}$	—	June 10th
Bridge-Blean ...	L. J. Williams ...	*A. M. Watts ...	2(1 $\frac{1}{2}$)	—	May 16th
Cranbrook ...	Eric Clarke ...	*S. N. Galbraith ...	2	—	July 23rd
Dartford ...	E. J. Hobbs ...	C. M. Ockwell ...	3(1 $\frac{1}{2}$)	—	May 5th
Dover ...	E. T. Lambert ...	*J. J. Day ...	2	—	May 1st
Eastry ...	F. A. Cloke ...	*J. J. Day ...	1	—	May 1st
Elham ...	D. S. Harrison ...	*D. MacDougall ...	2	—	June 10th
Hollingbourn ...	F. Miskin ...	*P. J. Gaffikin ...	2(1 $\frac{1}{2}$)	1	September 9th
Maidstone ...	F. D. Thomas ...	*S. N. Galbraith ...	2(1 $\frac{1}{2}$)	1	July 23rd
Malling ...	F. Miskin ...	N. H. Bolton ...	1	1	June 16th
Romney Marsh ...	W. Lamacraft ...	A. McMillan ...	1	—	May 16th
Sevenoaks ...	J. Mudd ...	*P. N. Cave ...	3 $\frac{1}{2}$	—	May 16th
Sheppey ...	H. T. Copland ...	*W. C. D. Hills (Acting) ...	1 $\frac{1}{2}$	—	June 13th
Strood ...	J. E. Povey ...	*M. F. McDonnell ...	1	—	June 26th
Swale ...	Guy Tassell ...	*W. C. D. Hills ...	1	—	June 12th
Tenterden ...	I. T. Emberson ...	*S. N. Galbraith ...	1	—	July 23rd
Thanet ...	C. Taylor ...	*A. M. Watts ...	2(1 $\frac{1}{2}$)	1	May 16th
Tonbridge ...	B. Lee ...	*S. N. Galbraith ...	2(1 $\frac{1}{2}$)	—	July 23rd

* Denotes whole-time officer.

† Each Medical Officer of Health has supplied information in reply to a summary of questions addressed from the County Health Department, on which this report is mainly based. The annual report has also been used where available.

‡ Holds meat inspector's certificate of the Royal Sanitary Institute.

MEDICAL AND SPECIAL STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT.

COUNTY MEDICAL OFFICER, CHIEF SCHOOL MEDICAL OFFICER, CHIEF TUBERCULOSIS OFFICER :

C. W. Ponder, M.A., M.D., D.P.H.

CHIEF ASSISTANT SCHOOL MEDICAL OFFICER AND SCHOOL OCULIST :

J. W. Fox, M.B., M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE :

Anne Simpson, M.B., Ch.B., D.P.H.

SENIOR PATHOLOGIST :

E. R. Jones, M.D., Ch.B., D.P.H., B.Sc., Ph.D., F.I.C.

ASSISTANT COUNTY TUBERCULOSIS OFFICERS :-

B. A. G. A. Edelston, M.D., Ch.B.

H. L. Grabham, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

W. B. Martin, M.R.C.S., L.R.C.P., D.P.H.

T. M. Pearce, M.D., M.R.C.S., L.R.C.P., D.P.H.

J. A. Robson, M.D., B.Ch., B.A.O., D.P.H.

C. Roper, B.A., M.D., B.C., D.P.H.

C. C. A. de Villiers, B.A., B.Sc., M.B., B.S., M.R.C.S., L.R.C.P.

ASSISTANT SCHOOL MEDICAL OFFICERS :

C. Campbell, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.

J. E. Cheesman, L.M.S.S.A., D.P.H.

Nancy W. Holloway, M.R.C.S., L.R.C.P.

W. Lessey, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.

Georgina B. Nicholl, M.B., Ch.B., D.P.H.

Gertrude M. Nicholson, M.R.C.S., L.R.C.P.

J. Selfe, M.R.C.S., L.R.C.P., D.P.H.

Gladys Stableforth, M.D., B.S.

S. A. Tucker, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

F. Wolverson, M.D., C.M.

SCHOOL AURIST (part-time) :

T. P. Gill, F.R.C.S., M.B., Ch.B.

ORTHOPÆDIC SURGEONS (part-time) :

H. E. Batten, F.R.C.S., L.R.C.P.

A. B. Beresford-Jones, M.S., M.B.

A. L. Moreton, M.S., M.B., F.R.C.S., L.R.C.P.

A. H. Todd, M.S., M.B., B.Sc., F.R.C.S., L.R.C.P.

STAFF OF COUNTY SANATORIA :

F. J. Pierce, M.R.C.S., L.R.C.P., D.P.H. (Med. Supt., Lenham).

H. Hannesson, B.Sc., M.R.C.S., L.R.C.P. (Asst. M.O., Lenham).

Miss R. C. Goodwin, S.R.N., (Matron, Lenham).

R. A. Ramsay, M.A., M.C., M.B., F.R.C.S., L.R.C.P. (Visiting Surgeon, Cranbrook—part-time).

H. C. M. Brett, M.R.C.S., L.R.C.P., L.S.A. (Local Visiting Medical Officer, Cranbrook—part-time).

Miss A. E. Pleasance (Matron, Cranbrook).

VENEREAL DISEASES MEDICAL OFFICERS (part-time) :

W. C. P. Barrett, M.R.C.S., L.R.C.P.

C. G. H. Campbell, M.D., D.P.H. (Assistant).

F. L. Cassidi, M.B., Ch.B., M.R.C.S., L.R.C.P.

T. J. Cobbe, M.B., Ch.B., B.A.O., F.R.C.S.

G. L. M. McElligott, M.R.C.S., L.R.C.P.

H. Nicol, F.R.C.S., L.R.C.P.

C. M. Ockwell, M.B., B.S., F.R.C.S., L.R.C.P., D.P.H.

H. S. Wachter, M.R.C.S., L.R.C.P.

DENTAL SURGEONS (SCHOOL, AND MATERNITY AND CHILD WELFARE) :

H. Cantor, L.D.S.
Miss M. E. O. Cross, L.D.S.
W. W. F. Dawe, L.D.S.
P. D. Gausden, L.D.S.
L. F. Hayes, L.D.S.
D. W. Lamb, L.D.S.
F. A. Markham, L.D.S.
W. W. Nicholls, L.D.S.
F. J. Saunders, L.D.S.
Miss A. Smiley, L.D.S.

MEDICAL OFFICERS OF CHILD WELFARE CENTRES AND ANTE-NATAL CLINICS :
74 part-time (see pp. 90-94).

INSPECTORS OF MIDWIVES :

Miss M. M. Berry, S.C.M., Cert. R.S.I., General Training.
Miss C. Sanders, S.C.M., S.R.N., H.V. Cert.

COUNTY HEALTH VISITORS :

For Tuberculosis nursing and School nursing :
Miss M. Anderson, General Training.
Mrs. A. E. Bowman, S.C.M. and General Training.
Miss E. M. Clarkson, S.C.M., S.R.N., and H.V. Cert.
Miss B. Dockrill, S.C.M. and General Training.
Miss H. Drew.
Miss M. D. Featherstone, S.C.M., H.V. Cert., and General Training.
For Tuberculosis nursing, School nursing, and Maternity and Child Welfare work :—
34 whole-time nurses (see pp. 86-87).
For Maternity and Child Welfare work only :—
15 part-time nurses (district nurses—see Table 18).

NURSES AT VENEREAL DISEASES CLINICS :

Miss P. Monnot, S.R.N., and General Training (whole-time).
Miss M. Payne, S.C.M., and General Training (whole-time).
Miss M. Wigby, S.C.M., S.R.N., H.V. Cert. (part-time)* and two part-time nurses.

MIDWIVES SUBSIDISED BY THE COUNTY COUNCIL :
20 (see p. 81).

DENTAL ATTENDANTS :

Miss G. Addelsee.	Miss M. Guard.
Mrs. C. L. Bailey.	Mrs. H. B. Hole.
Mrs. B. A. Brooker.	Miss E. Lay.
Mrs. D. Fray.	Miss E. M. Pratt.
Miss W. Griggs.	Mrs. E. M. Welch.

ORDERLIES AT VENEREAL DISEASES CLINICS :

F. Taprill (whole-time) and four part-time orderlies.

COUNTY PHARMACIST :

J. P. Marmion, Ph.C., M.P.S.

CHIEF TECHNICIAN OF COUNTY LABORATORIES :

E. Arnold.

CHIEF CLERK :

F. Meakin.

*Whole-time Health Visitor who devotes part-time to V.D. work.

The following officers came within the purview of the County Public Health Committee and the County Medical Officer of Health, so far as Public Vaccination duties are concerned ; and are officers of the County Public Assistance Committee in respect of their duties in connection with Public Assistance work :—

**PUBLIC VACCINATORS, PUBLIC ASSISTANCE INSTITUTION MEDICAL OFFICERS
AND PUBLIC ASSISTANCE DISTRICT MEDICAL OFFICERS.**

Name and Qualifications of Doctor.	District.	Appointment held:—		
		Public Vaccinator.	Institution Medical Officer.	District Medical Officer.
Ashford and District Area.	*Population 57,102.	Acreage 187,961.		
Bentall, S. W. T., M.R.C.S., L.R.C.P.	Rolvenden, etc.	...	...	Yes
<i>Cole, H. A.</i> , M.B.	Rolvenden, etc.	Yes	...	...
Fennell, T. L., M.B., CH.B.	Chilham, etc.	Yes	...	Yes
Fox, C. T., M.R.C.S., L.R.C.P.	Ashford	Yes	Yes	...
<i>Garman, J. M.</i> , M.R.C.S., L.R.C.P.	Brabourne, etc.	Yes	...	Yes
Gaskell, K. H., M.R.C.S., L.R.C.P.	Woodchurch, etc.	...	...	Yes
Gray, J. D., M.D.	Ashford	Yes	...	Yes
Johnson, J. M., M.B., B.S.	Smarden, etc.	Yes	...	Yes
Littledale, H. E., B.A., M.D., CH.B., B.A.O., D.P.H.	Charing, etc.	Yes	Yes	Yes
McLaren, R., M.D., CH.B., D.P.H.	Tenterden, etc.	Yes	...	...
McMillan, A., L.R.C.P., L.R.C.S.	New Romney, etc.	Yes	...	Yes
McVittie, A. C., M.A., M.B., CH.B.	Aldington, etc.	Yes	...	Yes
Milne, A. Y., M.B., CH.B.	Willesborough, etc.	Yes	...	Yes
Newall, F. J., M.B., CH.B.	Kennington, etc.	Yes	...	Yes
Nicoll, D. A., M.R.C.S., L.R.C.P.	Wittersham, etc.	Yes	...	Yes
Palmer, R., M.A., L.R.C.P., M.R.C.S.	Lydd, etc.	Yes	...	Yes
Stanley, E. H. B., M.R.C.S., L.R.C.P.	Biddenden, etc.	Yes	...	Yes
Taylor-Jones, T. H. E., M.R.C.S., L.R.C.P.	Tenterden	...	...	Yes
Ticehurst, C. B., M.A., B.C., M.R.C.S., L.R.C.P.	Warehorne, etc.	Yes	...	Yes
Whitby, F., M.B., B.S.	Brookland, etc.	Yes	...	Yes
Bromley and District Area.	Population 204,937.	Acreage 43,029.		
Bastedo, G. M., M.D.	County Hospital, Farnborough	...	Yes	...
Blake, W., M.D., L.R.C.P., M.R.C.S., L.S.A.	West Wickham	Yes	...	...
Davies, W. Haydn, M.R.C.S., L.R.C.P.	Orpington	Yes	...	Yes
Dimond, D. L., M.B., CH.B.	County Hospital, Farnborough	...	Yes	...
Douse, J. F., M.R.C.S., L.R.C.P.	Farnborough, etc.	...	...	Yes
Dysart, C., M.R.C.S., L.R.C.P.	Bromley North	Yes	...	Yes
Enraght, V. W., M.R.C.S., L.R.C.P.	Penge	Yes	...	...
Giddings, G. T., M.B., M.R.C.S.	Beckenham	Yes	...	Yes
Hackwood, J. F., M.D., F.R.C.S.	County Hospital, Farnborough	Yes	Yes	...
Hopton, J., M.R.C.S., L.R.C.P.	Farnborough, etc.	Yes	...	...
Miller, T. D., M.B., B.S., M.R.C.S., L.R.C.P.	Sidcup	...	...	Yes
Milner, G. C., M.A., CH.B., M.R.C.S., L.R.C.P.	Chislehurst (part), etc.	Yes	...	...
Pease, M. E., M.D., B.S., M.R.C.S., L.R.C.P.	Knockholt, etc.	Yes	...	Yes
Power, J. D., L.R.C.P., L.R.C.S.	Mottingham	Yes	...	Yes
Scott-Turner, A., M.R.C.S., L.R.C.P.	Penge	...	...	Yes
Shaw, G. H., M.A., M.R.C.S., L.R.C.P.	West Wickham	...	...	Yes
Tallent, J. H., B.A., M.B., B.S., L.R.C.P., M.R.C.S.	Chislehurst (part)	Yes	...	Yes
Whitbread, J. L. M., M.D., M.R.C.S.	County Hospital, Farnborough	...	Yes	...
Yolland, J. H., C.B.E., M.R.C.S., B.A., L.M.S.S.A.	Bromley South	Yes	...	Yes
Dartford and District Area.	Population 178,690.	Acreage 51,750.		
Adam, G. A. H., M.B., CH.B.	Dartford	...	Yes	...
Carrie, J., M.R.C.S., L.R.C.P.	Erith (part)	Yes	...	Yes
	Crayford (part)			
Carroll, C. K., L.R.C.P., L.R.C.S., L.R.F.P.S.	Bexley, etc.	Yes	...	Yes
Cochrane, T. S., M.R.C.S., L.R.C.P.	Dartford	Yes	Yes	Yes
Crawford, R. A., L.R.C.S.I. & L.M., L.R.C.P.I. & L.M.	Sutton-at-Hone (part), etc.	Yes	...	...
Crawford, R. R. D., B.A., M.B., B.CH., B.A.O.	Sutton-at-Hone (part), etc.	...	...	Yes
Cumming, R. W., M.A., M.B., CH.B.	Bexley, etc.	...	...	Yes
Harrison, L. F. A., M.R.C.S., L.R.C.P.	Farningham District	...	...	Yes
Kagon, R. J., L.M.S.S.A.	Erith	...	...	Yes
MacDonald, P. H., M.B., CH.B.	Erith (part)	Yes	...	...

*Figures as to population and acreage are estimated figures in each area of this tabulation.

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Vaccinator.	Institution Medical Officer.	District Medical Officer.
Dartford and District Area—Continued.				
Newnham, F. M., M.R.C.S., L.R.C.P.	Dartford, etc.	...	...	Yes
Ockwell, C. M., M.B., B.S., F.R.C.S., L.R.C.P., D.P.H.	Dartford, etc.	Yes	...	...
Priestley, John, L.R.C.P., M.R.C.S.	Longfield, etc.	Yes	...	Yes
Rhys-Jones, G. C., L.M.S.S.A.	Dartford	...	...	Yes
Rogers, J. S., M.R.C.S., L.R.C.P.	Farningham, etc.	...	...	Yes
Smith, S. H., M.R.C.S., L.R.C.P.	Farningham, etc.	Yes	...	Yes
Stacey, R. D., M.R.C.S., L.R.C.P.	Crayford	Yes	...	Yes
Standley, D. W., M.B., CH.B.	Swanscombe, etc.	Yes	Yes	Yes
Walker, M. F. E., M.B., B.S.	Dartford	...	...	Yes
Watson, J. D., B.A., M.B., B.CH., B.A.O.	Dartford	...	...	Yes
Dover and Eastry District.		Population 93,838.	Acreage 75,979.	
Adamson, C. H., M.B., C.M., F.R.C.S.	Alkham, etc.	Yes	...	Yes
Anderson, C. A., M.R.C.S., L.R.C.P.	Sandwich, etc.	Yes	...	Yes
Barr, J. T., B.S., M.D., M.R.C.S., L.R.C.P.	Erith	...	...	Yes
Bellamy, G. E., M.R.C.S., L.R.C.P.	Eythorne, etc.	Yes	...	Yes
Boulden, C. P. F., M.A., M.B., B.CH., L.R.C.S., L.R.C.P.	Deal	Yes	...	...
Elliot, E. E., M.R.C.S., L.R.C.P.	Dover Institution	Yes	Yes	...
Harris, R. J., M.R.C.S., L.R.C.P.	Minster	Yes	Yes	Yes
Kirk, D. W., M.B., CH.B.	Deal, etc.	...	...	Yes
McAnally, A. A., M.R.C.S., L.R.C.P.	Eastry, etc.	Yes	Yes	Yes
McCall Smith, N., M.D., B.S.	Ash, etc.	Yes	...	Yes
Molesworth, T. H., B.A., M.B., CH.B., F.R.C.S. L.R.C.P.	St. Margaret's, etc.	Yes	...	Yes
Nettelfield, W. H., M.R.C.S., L.R.C.P.	Wingham, etc.	Yes	...	Yes
Richardson, R. P., M.R.C.S., L.R.C.P.	Buckland, etc.	Yes	...	Yes
Stevens, H., M.R.C.S., L.R.C.P.	Dover	Yes	...	Yes
Faversham and District Area.		Population 76,837.	Acreage 91,683.	
Crerar, J., M.B., CH.B.	Sittingbourne	...	...	Yes
Gange, C. O., M.B., CH.B.	Faversham	Yes	Yes	Yes
Ind, C. U., M.D., M.R.C.S., L.R.C.P.	Sittingbourne	Yes	...	...
Isaacs, K., M.B., B.S.	Teynham	...	...	Yes
Kennedy, A., M.A., M.B., CH.B.	Boughton, etc.	Yes	...	Yes
McAnally, E. A., M.R.C.S., L.R.C.P., L.S.A.	Newington, etc.	Yes	...	Yes
Madwar, H. A., L.R.C.P., L.R.C.S., L.R.F.P.S.	Queenborough and Sheerness, etc.	Yes	Yes	Yes
Manning, H. P. O., M.R.C.S., L.R.C.P.	Buckland, etc.	Yes	...	Yes
Porter, T. W. H., B.A., B.M., M.R.C.S., L.R.C.P.	Teynham, etc.	Yes	...	...
Wilson, C. L., B.A., L.R.C.P.I., L.R.C.S.I. & L.M.	Sittingbourne	Yes	Yes	Yes
Folkestone and District Area.		Population 72,586.	Acreage 99,760.	
Garman, J. M., M.R.C.S., L.R.C.P.	Sellindge, etc.	Yes	...	Yes
Ince, A. G., F.R.C.S., L.R.C.P.	Sturry	Yes	...	Yes
McCausland, C. E., B.A., M.B., CH.B., B.A.O.	Folkestone	Yes	...	Yes
Mercer, E. B., M.B., CH.B.	Littlebourne, etc.	Yes	...	Yes
Mitcheson, V. S., M.R.C.S., L.R.C.P., B.A.	Lyminge, etc.	Yes	Yes	Yes
Parker, F. G., M.B., B.CH., M.R.C.S., L.R.C.P.	Sandgate	Yes	...	Yes
Preston, H. O., L.R.C.P., M.R.C.S.	Bridge, etc.	Yes	...	...
Rashleigh, H. G., M.R.C.S., L.R.C.P.	Chartham, etc.	Yes	...	Yes
Rogerson, C. S. (Temporary)	Bridge, etc.	...	...	Yes
Scoones, H. E., M.R.C.S., L.R.C.P.	Hythe, etc.	Yes	...	Yes
Twomey, T., M.B., B.CH., B.A.O.	Barham, etc.	Yes	...	Yes
Wilson, A. T., M.B., B.CH., B.A.O.	Bridge, etc.	...	Yes	Yes
Gravesend and District Area.		Population 74,062.	Acreage 56,563.	
Dismoor, C., M.R.C.S., L.R.C.P.	Gravesend etc.	Yes	Yes	...
Donaldson, W. S., B.A., M.D., M.C.P.S., L.M.C.C.	Rochester (pt.)	Yes	Yes	Yes
Edwards, J. C. S., M.B., CH.B.	Halling, etc.	Yes	...	Yes
Horrocks, F., M.B., CH.B., M.R.C.S., L.R.C.P.	Gravesend	...	...	Yes
McDonnell, M. F., M.B., CH.B., B.A.O., N.U.I., D.P.H.	Northfleet, etc.	Yes	...	Yes
Rogers, A. B., L.S.A.	Cliffe	Yes	...	Yes
Wall, D. L., M.B., CH.B.	Hoo	Yes	...	Yes
Wilson, H. F., M.B., B.S., M.R.C.S., L.R.C.P.	Gravesend	...	...	Yes
Wykes, W. H., M.R.C.S., L.R.C.P.	Higham, etc.	Yes	...	Yes

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Vaccinator.	Institution Medical Officer.	District Medical Officer.
Maidstone and District Area.	Population 118,154.	Acreage 184,441.		
Adam, W. J., M.B., CH.B.	Marden	Yes	...	Yes
Bolton, N. H., M.D., CH.B., D.T.M., F.R.C.S.	Wrotham, etc.	Yes	...	Yes
Cole, A. F., F.R.C.S., L.R.C.P.	West Malling, etc.	Yes	Yes	Yes
<i>Cole, H. A.</i> , M.B., CH.B., L.R.C.P.	Benenden	Yes	...	Yes
Collins, H. S., M.D., B.CH., D.P.H.	Hollingbourn, etc.	Yes	...	Yes
Combe, W., B.Sc., M.B., CH.B.	Snodland, etc.	Yes	...	Yes
Cotman, J. S., M.R.C.S., L.R.C.P.	East Peckham	Yes	...	Yes
Falwasser, A. T., D.S.O., M.R.C.S., L.R.C.P.	Maidstone, etc.	Yes	...	Yes
Goodwin, G. P., M.A., M.B., B.CH., M.R.C.S., L.R.C.P.	East Malling	...	...	Yes
Gough, W., M.R.C.S., L.R.C.P.	Cranbrook	Yes	Yes	Yes
Hallam, M., M.R.C.S., L.R.C.P.	Yalding, etc.	Yes	...	Yes
Hamilton, G. E. R., M.B., B.S., M.R.C.S., M.R.C.P.	East Malling, etc.	Yes	...	...
Hardwick, R. H., M.R.C.S., L.R.C.P.	Headcorn, etc.	Yes	...	Yes
Hitchings, D. B., M.R.C.S., L.R.C.P.	Sandhurst	Yes	...	...
Jones, E. C., M.B., B.CH.	Sandhurst	...	...	Yes
Kirkman, A. H. B., F.R.C.S., L.R.C.P.	Staplehurst, etc.	Yes	...	Yes
Laird, W. J. A., L.R.C.P., L.R.C.S.	Lenham, etc.	Yes	...	Yes
<i>McAnally, E. A.</i> , M.R.C.S., L.R.C.P., L.S.A.	Stockbury, etc.	Yes	...	Yes
Marshall, R. P., M.R.C.S., L.R.C.P.	Goudhurst	Yes	...	Yes
Oliver, C. P., Junr., B.A., M.B., CH.B., M.R.C.S., L.R.C.P.	Boxley (part), etc.	Yes	...	Yes
Prentiss, H. H., M.B., CH.B., B.A.O., R.U.I.	Hawkhurst	Yes	...	Yes
Richmond, F., B.A., M.B., B.CH.	Aylesford, etc.	Yes	...	Yes
Severne, A. de M., M.A., M.R.C.S., L.R.C.P.	Wateringbury, etc.	Yes	...	Yes
Smith, J., M.B., CH.B.	Sutton Valence, etc.	Yes	...	Yes
Taylor, L. H., M.B., B.S., M.R.C.S., L.R.C.P.	Loose, etc.	Yes	Yes	Yes
Medway Towns Area.	Population 139,007.	Acreage 16,502.		
Bather, S. A., B.A., M.R.C.S., L.R.C.P.	Rainham	...	...	Yes
Clifford, M., M.D., B.CH., B.A.O.	Gillingham	Yes	...	Yes
Gray, R. E., L.M.S.S.A.	Chatham West	...	...	Yes
Gross, E. C., L.M.S.S.A.	Rochester (pt.)	Yes	...	Yes
Heycock, M. H., M.B., CH.B.	County Hospital, Chatham	...	Yes	...
Hoby, H. J., M.R.C.S., L.R.C.P.	Chatham East	Yes	...	Yes
<i>McAnally, E. A.</i> , M.R.C.S., L.R.C.P.	Rainham	Yes	...	...
McHugh, J. E., M.B., CH.B.	County Hospital,	Yes	Yes	...
Whyte, E. C., M.B., CH.B.	Chatham	...	Yes	...
Thanet and District Area.	Population 118,605.	Acreage 42,852.		
Barker, A., M.B., B.CH., M.R.C.S., L.R.C.P.	Whitstable, etc.	Yes	...	...
Dunlop, W. J., F.R.C.S.I., L.R.C.P.I.	Manston Children's Home	Yes	Yes	...
Dunwoody, W. G., B.A., M.D., B.A.O., B.CH.	Ramsgate, etc.	Yes	...	...
Glynn, T., M.B., CH.B., B.A.O., F.R.C.P., M.R.C.S.	Whitstable	...	...	Yes
Groome, W., M.B.E., M.B., C.M.	Margate, etc.	Yes	...	Yes
Hayes, J. B., M.R.C.S., L.R.C.P.	Birchington, etc.	Yes	...	Yes
Laurie, L., M.D., CH.B.	Herne Bay, etc.	Yes	Yes	Yes
Loveless, W. B., M.R.C.S., L.R.C.P., M.C., B.M.	Ramsgate, etc.	...	...	Yes
Palmer, E. A. E., M.A., M.B., CH.B., M.R.C.S., L.R.C.P.	St. Peters	Yes	...	Yes
Tonbridge and District Area.	Population 116,490.	Acreage 120,752.		
Alexander, J. F., M.A., M.D., B.CH.	Sevenoaks, etc.	...	...	Yes
Archer, E. C., M.B., B.S., M.R.C.S., L.R.C.P.	Riverhead, etc.	Yes	...	...
Berkley, E. A. R., M.R.C.S., L.R.C.P.	Leigh, etc.	...	...	Yes
Coulthard, J. J., M.B., CH.B., F.R.C.S.	Edenbridge	Yes	...	Yes
Crawford, A. N., F.R.C.S.I., L.R.C.P.I., L.M.	Seal, etc.	Yes	...	Yes
Fraser, F., M.D., M.R.C.S.	Leigh, etc.	Yes	...	...
Grasby, E. D. Y., M.B., B.S., M.R.C.S., L.R.C.P.	Tunbridge Wells	Yes	Yes	Yes
Hepper, J. E., M.R.C.S., L.R.C.P.	Brenchley, etc.	Yes	...	Yes
Magill, A., L.M.S.S.A.	Pembury, etc.	...	Yes	Yes
Mansfield, P. A., M.D., B.CH.	Sevenoaks	...	...	Yes
McNaughton-Jones, M. I., M.D., B.S., M.R.C.S., L.R.C.P.	Sevenoaks, etc.	Yes	...	...
Mitchell, T. W., M.D., C.M.	Hadlow	Yes	...	Yes

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Vaccinator.	Institution Medical Officer.	District Medical Officer.
Tonbridge and District Area—Continued.				
Pain, B. H., B.A., M.B., CH.B., M.R.C.S., L.R.C.P.	Southborough, etc.	Yes	...	Yes
Peens, A. L., M.R.C.S., L.R.C.P.	County Hospital, Pembury	...	Yes	...
Pickles, H. D., M.R.C.S., L.R.C.P.	Westerham, etc.	Yes	...	Yes
Ramsden, W. M., M.B., B.S., M.R.C.S., L.R.C.P.	Tonbridge	Yes	...	Yes
Ward, K. L. S., M.B., CH.B.	Brasted	Yes	Yes	...
Whittome, A., M.B., CH.B., F.R.C.S.	Lamberhurst, etc.	Yes	...	Yes

The Doctors whose names are given in italics appear in two districts on the list.

VACCINATION OFFICERS—For list see p. 62a.

COUNTY VETERINARY STAFF :

County Veterinary Officer—S. B. Vine, M.R.C.V.S.

Assistant County Veterinary Officers—

F. F. Horton, Tonbridge.

T. Y. Littler, Canterbury.

J. S. Steward, Maidstone.

District Inspectors—

Ashford—F. C. Gillard.

G. Wachter.

Bearsted, Malling & Sitting-
bourne—C. Crowhurst.

Beckenham—A. Cornish-Bowden.

Bromley—P. J. Turner.

Cranbrook—F. Crowhurst.

Dartford—F. W. Robards.

Deal—A. T. Crowther.

Elham & Wingham—H. P. Hogben.

Faversham—E. Morgan.

Romney Marsh—H. S. Head.

St. Augustine's—J. G. Cattell.

Sandwich—T. F. Hogben.

Sevenoaks—L. P. Pugh.

Strood—E. Ebbetts.

Thanet—E. P. Barrett.

Tonbridge—R. V. Isherwood.

Tunbridge Wells—C. Roberts.

ANNUAL REPORT

ADMINISTRATION.

The following changes in public health administration in Kent took place during 1935 :—

Bexley U. Dr. T. W. Hinds resigned at the end of the year, and Dr. G. F. Bramley was appointed as whole-time medical officer of health.

Lydd B.—Dr. Tandy resigned his appointment as medical officer of health as from April 19th, 1935. Dr. McMillan has acted in such capacity since then.

Walmer U. This area was absorbed into the Borough of Deal as from April 1st, 1935.

Sittingbourne and Milton U.—Dr. A. J. Wernet, the medical officer of health, died in May, 1936. Dr. W. C. D. Hills is acting temporarily as medical officer of health.

Hollingbourn R.—Dr. H. S. Collins resigned his appointment as medical officer of health, and Dr. P. J. Gaffikin was appointed as from April 1st, 1936.

Swale R. This area was formed, as from April 1st, 1935, from the formerly separate districts of Milton Rural and Faversham Rural. Dr. A. J. Wernet was appointed as medical officer, but on his death as mentioned above, Dr. W. C. D. Hills became acting medical officer of the area.

Hoo R. This area became part of the extended Strood Rural area, as from April 1st, 1935, Dr. M. F. McDonnell continuing as medical officer of health.

Thanet R. This area was absorbed into other areas as from April 1st, 1935.

MINISTRY OF HEALTH INQUIRIES.

The following inquiries were held by the Ministry of Health during 1935 :—

Date.	District.	Amount of Loan.	Purposes for which Loan was required, or other reason of Inquiry.	Result.
Jan. 29th	Chatham B.	£14,250	Works of sewerage at Luton and Snodhurst	Loan sanctioned.
Mar. 21st	Gravesend B.	£3,000	Additional expenditure on works of sewerage	Loan sanctioned.
July 23rd	Sandwich B.	—	Consent to appropriation of land for refuse-disposal purposes	Consent withheld.
Aug. 27th	Hythe B.	£12,160	Works of sewerage and sewage-disposal	Loan sanctioned.
Sept. 19th	Gravesend B.	£10,669	Additional expenditure on works of sewage-disposal	Loan amended to £10,600 and sanctioned.
Oct. 8th	Sheppey R.	£9,800	Works of sewerage at Minster and Eastchurch	Loan sanctioned.
Oct. 8th	Beckenham U.	...	Consent to appropriation of land for refuse-disposal purposes.	Consent granted.
Oct. 10th	Margate B.	£37,500	Extension of adits for water-supply	Sanction awaiting acceptance of tender.
Nov. 1st	Orpington U.	£10,523	Works of sewerage at Downe	Loan sanctioned.
Nov. 5th	Crayford U.	£36,000	Works of surface-water drainage at Barnehurst	Loan sanctioned.
Nov. 12th	Herne Bay U.	—	Application for Order, applying Sec. 6 of the Public Health (Water) Act, 1878, to certain portions of the district	Application granted.
Dec. 10th	Southborough U.	£12,750	Works of water-supply	Sanction given for certain of the works; others still under consideration.

OFFICIAL CIRCULARS, ETC., RESPECTING PUBLIC HEALTH MATTERS.

Housing Act, 1935.—This Act received the Royal Assent on August 2nd, 1935; and it was accompanied by memoranda describing the changes effected in existing law, and by Circular 1,493 (8/8/1935). The Act made important changes in the law relating to housing and overcrowded areas, and was divided into six parts.

Part I. concerned overcrowding, re-development and re-conditioning. A duty was imposed upon all local authorities to make an inspection of their districts to ascertain the extent of overcrowding, to report as to the number of new houses required, and to submit proposals for their provision. A definition was given of an overcrowded dwelling-house; and it was made an offence, punishable by fine, for the landlord or occupier to permit a house to be overcrowded. The sections dealing with re-development areas gave powers to local authorities analogous to those conferred on them in respect of 'clearance areas' in earlier Housing Acts. Progressive steps are laid down, by means of which the local authority may deal with an area defined by them, until finally there is approval

by the Minister of Health. There is power to acquire land compulsorily, and power to assess compensation for land so acquired. There is a duty imposed on the local authority to find other accommodation for persons displaced by re-development plans: and power for the compulsory acquisition of buildings suitable for working-class accommodation.

Part II. deals with the appointment by the Minister of Health of a Central Housing Advisory Committee, to advise the Ministry in certain matters. Power is given, also, for the transference of duties from local authorities, to Housing Management Commissions appointed by them. Further sections of this Part of the Act deal with Housing Associations and other bodies, and local authorities may make arrangements with such Associations for the provision or alteration of houses.

Part III. is concerned with financial provisions, such as Exchequer contributions towards the provision of flats and other accommodation, the housing of agricultural workers, and the re-housing of persons displaced by re-development schemes. Certain amendments are made in the financial provisions of the Housing (Rural Workers) Act of 1926.

Part IV. provides for the unification of conditions affecting local authorities' houses, and deals with certain preferences to be observed in the selection of tenants; the reservation of a proportion of houses for the use of agricultural workers; the fixing, and the periodical review, of rents; and the control of sub-letting, etc.

Part V. concerns the re-development and re-conditioning of property by owners.

Part VI. comprises certain general provisions—the removal of obstructive buildings, the amendment in certain particulars of the existing law relating to clearance areas and to housing, etc.

Five memoranda on the Act were issued with Circulars 1500 and 1500A on 22/10/1935. Two of these (Memo. A., which was a general memorandum on the Act; and Memo. D. which dealt with its financial provisions) affected County Councils.

Provisional Regulations, entitled the Housing Acts (Equalisation Account) Regulations, 1935, were issued on 15/10/1935; and further such provisional Regulations (the Overcrowding and Miscellaneous Forms Provisional Regulations) on the same date.

Circular 1507 (19/11/1935) prescribed the dates which were to be observed for the completion of inspections and the preparation and submission of reports and proposals, under Section 1 of the Act.

The Ministry of Health (Central Housing Advisory Committee) Order, 1935 (12/11/1935) related to the appointment of this Committee, as enabled by Part II of the Housing Act, which is referred to above.

Town and Country Planning.—Circular 1454 (15/2/1935) enclosed a copy of Model Clauses for use in the preparation of planning schemes; such clauses being based on the Provisional Clauses prepared by the Ministry of Health, but revised according to the recommendations made by the Advisory Committee on Town and Country Planning. Suggestions were embodied in the Circular, for the simplification and expedition of schemes.

Milk Pasteurising.—Circular 1473 (16/5/1935) referred to a recently published Report on the supervision of milk-pasteurising plants.

If pasteurisation was to be effective in destroying the tubercle bacillus and other pathogenic organisms which may be present in milk, it is necessary that the process should be efficiently carried out. Milk sold as 'pasteurised' under the Milk (Special Designations) Order of 1923, must have been treated in a prescribed manner; it must be retained at a temperature of not less than 145° and not more than 150° F. for at least half an hour, then be immediately cooled to a temperature of not more than 55° F.

There was evidence that some pasteurising plants were imperfect, or not properly operated and controlled, with the result that efficient pasteurisation of the milk was not secured. The purpose of the Report mentioned in the Circular, was to supply information as to pasteurising plants ; to explain the considerations involved in their construction, operation and cleaning ; and to give some account of the appliances and methods employed in the subsidiary processes of bottle-washing and bottle-filling.

One of the conditions subject to which licences for selling milk as " Pasteurised " may be granted, is that the type of apparatus and the methods employed must be satisfactory to the licensing authority. It was hoped that the Report would be of material assistance to officers in reporting on applications for licences in respect of pasteurising establishments, and in enabling them to exercise adequate supervision of pasteurising-plants in respect of which a licence has been granted.

Meat.—The Public Health (Meat) Amendment Regulations, 1935 (11/3/1935) were accompanied by Circular 1461 (18/3/1935). These Regulations were made in order to correct certain verbal errors in the Regulations of 1924.

Food.—Circulars 1471 (28/3/1935), 1486 (28/6/1935) and 1502 (—/11/1935), gave notice of the recognition of certain certificates for the purposes of the Imported Food Amendment Regulations of 1933.

Midwives Act.—A case was decided in the Court of Appeal concerning the payment of medical practitioners by a local authority, under Section 14 (1) of the Midwives Act of 1918.

A scale of fees to be paid in such cases was prescribed by the Ministry of Health in a circular issued in 1922 ; and paragraph (8) of that circular provided that no fee should be payable by the local supervising authority in certain specified circumstances—where the doctor was attending under an arrangement made by the patient or by any club, institute or association ; when the doctor was under obligation to give treatment under the National Health Insurance Acts ; where the doctor receives or agrees to receive a fee from the patient ; or (with one proviso) in respect of any services performed later than the tenth day after first attendance.

The Court of Appeal held that regulation (8) was *ultra vires*, and that the Minister of Health had no right in the cases specified therein to deprive the medical practitioner of the payment due to him under Sec. 14 (1) of the Act.

Following upon this, Circular 1488 was issued by the Ministry of Health, (17/6/1935) directing attention to the judgement given by the Court of Appeal, and stating that in consequence of that judgement the paragraph referred to (para. 8 of Circular 358—20/12/1922) must be regarded as having been deleted.

Venereal Diseases.—Circular 1474 (9/4/1935) stated that consideration had been given to the question (in relation to the subject of congenital syphilis in children) as to whether improvements were indicated in venereal diseases schemes, for securing the continued attendance at Treatment Centres of patients suffering from syphilis.

Attention had been directed, on a previous occasion, to the failure of some parents or guardians to continue attendances until treatment had been completed. Such failure exposed children to the later crippling manifestations of the disease, and it would be realised that steps should be taken to reduce it to the lowest possible limit.

Preliminary enquiries had been made as to the extent of failure on the part of pregnant syphilitic women, to attend regularly for treatment both during pregnancy and subsequently ; and on the part of parents or guardians to bring infants or children known or suspected to be suffering from congenital syphilis, for observation and treatment during the necessary period. There was considerable scope for more intensive effort to secure and retain attendance.

The Circular, therefore, requested that consideration should be given to certain suggestions, with a view to securing for the syphilitic mother and the congenitally syphilitic child the fullest measure of service from the schemes of a Council. Such suggestions were dealt with under the main headings of education

of adults in the importance of continuation of treatment ; the encouragement and facilitating of attendances by mothers and children, and the possible improvement of the amenities of a centre to that end : co-ordination between the treatment centre, and other services provided by a Council ; the following-up of cases ; and the payment of travelling expenses of patients in suitable cases.

Tuberculosis.—Circular 1463 (4/3/1935) drew attention to Circular 969 (16/3/1929) and reminded Tuberculosis Authorities of the facilities, provided at the Barrow Hill Sanatorium Colony, for the treatment and technical education of tuberculous youths between the ages of 14 and 19. The position was reviewed in the light of the five years' experience in the working of this institution ; and authorities were asked to emphasize, to suitable patients, the advantages of entering upon a course of one or two years' treatment and training thereat. For various reasons, the demand for admission to this Institution had been less than might have been expected, although the Colony was specially adapted for those cases of early or slight disease which have become quiescent or partially arrested after a course of sanatorium treatment. It was hoped that more extended use would be made of the facilities provided for dealing with the important problem of the tuberculous adolescent.

Pneumonia.—Circular 1499 (7/10/1935) accompanied a revised Memorandum on pneumonia (Memo. 189/Med.) The memorandum brought up to date, in the light of present-day knowledge, the previous Memorandum on Pneumonia which was issued in 1919 ; and discussed the classification of the disease ; its bacteriology ; predisposing causes ; prophylaxis ; and the general administrative measures to be undertaken by a sanitary authority.

Food Poisoning.—Memo. 188/Med. was issued by the Ministry of Health in June, 1935, and dealt with the steps to be taken by medical officers of health in cases of suspected food-poisoning. The memorandum was divided into sections dealing with the methods of investigation ; the collection, packing and transmission of material ; and the chemical and bacteriological examination of specimens. There were also included two comprehensive appendices—one dealing with the " headings " of inquiry into outbreaks of poisoning by meat foods, the other containing technical hints to bacteriologists on the isolation and identification of the *salmonella* types of bacteria.

Treatment of Fractures.—Circular 1462 (18/2/1935) enclosed a copy of a Report by the British Medical Association, on the treatment of fractures. Particular attention was directed to certain suggestions made in the Report ; and it was recommended that, should any Council consider the question of organizing a " fracture unit " at one of its hospitals, there should be consultation with the authorities of voluntary hospitals serving the same area.

Anæsthetic Explosions.—Circular 1512 (31/12/1935) enclosed a Memorandum (Memo. 191/Med.) on Precautions against Anæsthetic Explosions in Operating Theatres. Local authorities were asked by the Circular, to take steps to ensure that the precautions recommended in the Memorandum were adopted as far as possible in all institutions under their control ; and it was suggested also that they should distribute copies of the Memorandum to the authorities of all voluntary hospitals, nursing homes, etc.

Alkali Works.—The Alkali, etc. Works Order, 1935 (28/2/1935) made certain amendments to the Public Health (Smoke Abatement) Act of 1926, and to the Alkali, etc., Works Order of 1928.

Sanitary Officers (Outside London) Regulations, 1935.—These Regulations, dated 7/11/1935, were accompanied by Circular 1505 (21/11/1935), and relate to County Medical Officers of Health, and to Medical Officers of Health and Sanitary Inspectors appointed by all boroughs, urban and rural districts, and Port Sanitary Authorities. They came into force as from January 1st, 1936, and replaced the Sanitary Officers Order of 1926, with certain alterations found to be desirable.

Swimming Baths and Pools.—Circular 1503 (1/11/1935) directed attention to the need for ensuring a proper standard of cleanliness and purity of the water in swimming baths and pools ; and referred to the Report on the Purification of the Water of Swimming Baths which was prepared by the Ministry of Health in 1929.

The increased use of swimming baths and pools had made it still more necessary that local authorities should ensure the water being kept at a proper standard of cleanliness and purity. In cases where the sanction of the Minister of Health was required to loans for baths or pools, care was always taken that any necessary plant for this purpose was provided ; but plant must be properly maintained and used, and although great improvement had been effected, more was needed, and both local authorities and private owners should thoroughly inspect their present arrangements.

The recommendations in the Report of 1929 apply to all baths or pools open to the public, irrespective of whether they are publicly or privately owned, and their application was strongly recommended.

The question had been raised as to whether local authorities have any control over privately-owned pools used by the public. It was advised that powers are available under Sections 91 and 102 of the Public Health Act of 1875. In practice it was likely that legal proceedings would seldom be needed, and in general the measures required could be secured by the local Authority instructing the medical officer of health to keep such baths or pools, under observation and, where conditions are unsatisfactory, to make necessary representations to the owners.

VITAL STATISTICS.

POPULATION, ETC.—The population of the Administrative County at the middle of 1935 was estimated by the Registrar-General to be 1,303,600 ; and the distribution of this population, in each sanitary district of the county, is shown in Table 1. It will be seen that 1,028,200 were resident in the urban areas, and 275,400 in rural districts.

Compared with the figures for 1934, the county population shows an increase of 27,051 ; the combined urban districts increasing by 42,751 and the combined rural districts decreasing by 15,700. The apportionment of the population as between urban and rural areas has been greatly influenced by the revision of county districts.

The density of population, for the county as a whole, was 1·35 per acre—5·41 per acre in the combined urban districts, and 0·36 per acre in the combined rural districts. Densities in the urban districts range from 33·8 in *Penge Urban* and 17·1 in *Sheerness Urban* to 0·3 in *Lydd Borough* and 0·4 in *Tenterden Borough*. In the rural districts, the densities naturally are not so markedly divergent, and the range is from 0·93 in *Dartford Rural* to 0·11 in *Romney Marsh Rural*.

In Table 1, the first column shows the population in each area at June 30th, 1935, according to the official estimate of the Registrar-General. In the second column is shown the figure which is used for the calculation of vital statistics in a given area. Where there has been no change of boundaries during the year, the figures in the two columns will correspond ; but in the areas where a change of boundaries has been effected, the second columns shows an “ adjusted ” figure, modified to take account of the fact that the vital statistics do not wholly relate to the entire year.

Example: Walmer became absorbed into the Borough of Deal as from April 1st, 1935, and the adjusted figure of 1,408 has been calculated by the Registrar General as the basis for the vital statistics of Walmer during the first three months of the year.

Example: Deal, which absorbed Walmer as from April 1st, 1935, has an adjusted population figure to be applied to the composite statistics of the area—that is, the records of the former area for the whole year, and those of the absorbed portions for that part of the year subsequent to the change.

TABLE 1—Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1935 (mid-year).

DISTRICT.				* Population 1935 (as estimated by the Registrar-General)	* Population adjusted for computing the vital statistics	Acreage, inclusive of water	Persons per acre
URBAN—							
Ashford U.	...	...	...	22,260	22,260	5,657	4.0
Beckenham B.	...	...	...	66,370	66,370	5,937	11.2
Bexley U.	...	...	...	59,970	59,970	4,861	12.4
Broadstairs and St. Peter's U.	...	...	...	13,200	13,217	2,771	4.8
Bromley B.	...	...	...	56,200	56,200	6,513	8.7
Chatham B.	...	...	...	43,960	43,960	4,356	10.1
Chislehurst and Sidcup U.	...	...	...	47,690	47,690	8,967	5.4
Crayford U.	...	...	...	21,050	21,050	2,544	8.3
Dartford B.	...	...	...	31,870	31,870	4,233	7.6
Deal B.	...	...	...	22,902	21,287	2,903	7.9
Dover B.	...	...	...	41,510	41,510	3,447	12.1
Erith U.	...	...	...	35,760	35,760	3,860	9.3
Faversham B.	...	...	...	12,510	11,873	2,994	4.2
Folkestone B.	...	...	...	46,540	46,540	4,006	11.7
Gillingham B.	...	...	...	62,490	62,490	8,351	7.5
Gravesend B.	...	...	...	39,290	38,130	4,014	9.8
Herne Bay U.	...	...	...	15,080	15,080	8,566	1.8
Hythe B.	...	...	...	8,709	8,709	3,013	2.9
Lydd B.	...	...	...	2,711	2,711	11,932	0.3
Maidstone B.	...	...	...	46,650	46,650	5,976	7.9
Margate B.	...	...	...	39,150	36,970	6,960	5.7
New Romney B.	...	...	...	1,843	1,843	1,514	1.3
Northfleet U.	...	...	...	17,600	17,660	3,770	4.7
Orpington U.	...	...	...	36,620	36,620	20,842	1.8
Penge U.	...	...	...	26,010	26,010	770	33.8
Queenborough B.	...	...	...	2,995	2,995	1,103	2.8
Ramsgate B.	...	...	...	34,370	34,132	3,624	9.5
Rochester C.	...	...	...	34,480	34,480	3,759	9.2
Sandwich B.	...	...	...	3,816	3,686	2,137	1.8
Sevenoaks U.	...	...	...	12,230	12,230	3,716	3.3
Sheerness U.	...	...	...	16,110	16,110	943	17.1
Sittingbourne and Milton U.	...	...	...	20,700	20,700	4,935	4.2
Southborough U.	...	...	...	7,636	7,636	1,758	4.4
Swanscombe U.	...	...	...	8,403	8,403	2,142	4.0
Tenterden B.	...	...	...	3,385	3,385	8,946	0.4
Tonbridge U.	...	...	...	17,500	17,500	4,599	3.9
Tunbridge Wells B.	...	...	...	33,490	33,490	6,034	5.6
Walmer U.	...	...	...	<i>Nil</i>	1,408	—	—
Whitstable U.	...	...	...	15,140	15,140	7,658	2.0
TOTALS—URBAN				1,028,200	1,023,725	190,111	5.41
RURAL—							
Ashford, East	...	...	...	9,046	9,046	51,398	0.18
Ashford, West	...	...	...	8,540	8,520	39,455	0.22
Bridge-Blean	...	...	...	16,020	16,020	55,868	0.29
Cranbrook	...	...	...	13,650	13,650	41,315	0.34
Dartford	...	...	...	31,710	31,710	34,103	0.93
Dover	...	...	...	9,251	9,251	26,098	0.36
Eastry	...	...	...	22,130	21,292	54,276	0.41
Elham	...	...	...	8,609	8,609	36,676	0.24
Faversham	...	...	...	<i>Nil</i>	3,330	—	—
Hollingbourn	...	...	...	13,940	13,940	56,796	0.25
Hoo	...	...	...	<i>Nil</i>	1,105	—	—
Maidstone	...	...	...	15,300	15,300	34,709	0.45
Malling	...	...	...	30,320	30,320	45,655	0.67
Milton	...	...	...	<i>Nil</i>	1,808	—	—
Romney Marsh	...	...	...	3,243	3,243	31,035	0.11
Sevenoaks	...	...	...	27,050	27,050	62,959	0.43
Sheppey	...	...	...	6,751	6,751	20,319	0.34
Strood	...	...	...	16,918	16,913	48,811	0.35
Swale	...	...	...	17,920	13,440	62,015	0.29
Tenterden	...	...	...	6,382	6,382	38,002	0.17
Thanet	...	...	...	<i>Nil</i>	3,575	—	—
Tonbridge	...	...	...	18,620	18,620	41,687	0.45
TOTALS—RURAL				275,400	279,875	781,177	0.36
TOTALS—COUNTY				1,303,600	1,303,600	971,288	1.35

*See note on page 17.

BIRTHS.—During 1935 the births of 19,087 living children were registered, which is an increase of 694 on the previous year's total. This total is made up of 9,784 males and 9,303 females.

The total excess of births over deaths was 4,737—2,449 males and 2,288 females.

The birth-rates for the year were 14·7 for the combined urban districts, 14·6 for the combined rural districts, and 14·7 for the county as a whole. The following tabulation shows the figures for the past ten years :—

Year	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.
Urban Districts	16·2	15·6	15·4	15·4	15·2	15·0	14·6	13·9	14·3	14·7
Rural Districts	16·3	15·1	15·4	15·1	15·3	14·9	14·5	14·5	14·9	14·6
Whole County	16·2	15·4	15·4	15·3	15·2	15·0	14·6	14·1	14·5	14·7
Percentage Illegitimate ...	4·21	4·45	4·34	4·51	4·47	4·19	4·33	4·31	4·32	4·11
England and Wales ...	17·8	16·7	16·7	16·3	16·3	15·8	15·3	14·4	14·8	14·7

I have pointed out, in previous reports, the tendency for the Kent figure and the national figure to become more and more akin. It will be seen that in the year under review the two figures were at the same level; and to the best of my knowledge this is the first time that this has occurred.

The check in the downward curve of the county birth-rate, noted last year, has continued, the rate once more showing a slight increase; but it is interesting to note that such rise was in respect of urban areas only—the rural districts showing a slight fall.

The highest birth-rate in the county was recorded in *Deal Borough* and *Milton Rural*, each of these areas having a rate of 19·4; but it should be remembered that, in the case of the latter district, the figure is for the first quarter only. It is possible that the adjustments consequent upon changes of boundaries during the year, may have led to the recording of unusual figures in the areas affected; and that it may be necessary to await the 'settlement' of the new areas, before regarding their vital statistics in the present year as being thoroughly representative.

Below this rate, were those of *Queenborough Borough* (18·4), *Bexley Urban* (18·3) and *Orpington Urban* (18·3) among the towns; and *Bridge-Blean* (17·9) and *Faversham* (17·2) among the rural districts.

The lowest rates recorded were in *Broadstairs Urban* (9·7), *Whitstable Urban* (10·0), *New Romney Borough* (10·4), *Walmer Urban* (10·7) and *Herne Bay Urban* (10·9) among the towns; and in *Hoo* (11·8) and *Romney Marsh* (12·7) among the rural districts.

Details of births in sanitary districts, showing legitimate and illegitimate totals, are shown in Tables 2 and 3; and in Tables 26 and 27 will be found a comparison of the district rates with those of the total urban and total rural rates.

The percentage of illegitimate births has again declined, and the figure of 4·11 is the lowest recorded since 1910.

STILL-BIRTHS.—The still-births recorded in the county totalled 642, as compared with 655, 603 and 630, in the three years preceding. The figures recorded from year to year under this heading are interesting in their consistent level.

The rate of still-births in the county, per thousand of the population, was 0·50. In the combined urban areas it was 0·48, and in the combined rural areas 0·57. The county rate of 0·50 compares favourably with a rate of 0·62 for the whole of England and Wales.

The number of still-births in each sanitary district in the county is shown in Tables 2 and 3.

TABLE 2—Showing Deaths, Births and Infantile Mortality in the different URBAN DISTRICTS of the County of Kent in the year 1935.

DISTRICT.	* DEATHS.			BIRTHS.					INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death-rate per 1,000 of the population.	*Comparable death-rate	Legitimate.	Illegitimate.	Total.	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	Total.	Deaths of Infants under one year of age, per 1000 births
Ashford U. ...	259	11·7	9·95	269	12	281	12·7	12	9	—	9	33
Beckenham B. ...	566	8·6	8·61	845	24	869	13·1	32	22	6	28	33
Bexley U....	503	8·4	8·99	1,067	26	1,093	18·3	26	46	2	48	44
Broadstairs and St. Peter's U. ...	167	12·7	10·55	122	6	128	9·7	1	5	—	5	40
Bromley B. ...	548	9·8	9·51	721	37	758	13·5	15	18	3	21	28
Chatham B. ...	493	11·3	11·08	674	42	716	16·3	31	30	6	36	51
Chislehurst and Sidcup U. ...	419	8·8	8·37	778	30	808	17·0	19	34	1	35	44
Crayford U. ...	186	8·9	10·69	343	14	357	17·0	14	20	1	21	59
Dartford B. ...	274	8·7	8·62	460	13	473	14·9	20	17	3	20	45
Deal B. ...	265	12·5	10·38	400	12	412	19·4	12	22	1	23	56
Dover B. ...	521	12·6	11·60	630	38	668	16·1	33	36	1	37	56
Erith U. ...	360	10·1	10·81	507	18	525	14·7	18	19	2	21	40
Faversham B. ...	158	13·4	10·46	142	8	150	12·7	5	2	—	2	14
Folkestone B. ...	546	11·8	10·51	607	40	647	14·0	22	26	4	30	47
Gillingham B. ...	710	11·4	11·86	915	25	940	15·1	27	39	1	40	43
Gravesend B. ...	382	10·1	10·10	571	17	588	15·5	24	27	—	27	46
Herne Bay U. ...	220	14·6	11·81	157	6	163	10·9	4	6	1	7	43
Hythe B. ...	105	12·1	9·81	98	10	108	12·5	1	3	—	3	28
Lydd B. ...	27	10·0	10·20	33	3	36	13·3	1	2	—	2	56
Maidstone B. ...	480	10·3	9·48	636	19	655	14·1	20	24	2	26	40
Margate B. ...	403	11·0	9·90	376	31	407	11·1	13	19	2	21	52
New Romney B. ...	24	13·1	11·80	17	2	19	10·4	—	—	—	—	0
Northfleet U. ...	217	12·3	12·55	283	8	291	16·5	14	9	1	10	35
Orpington U. ...	349	9·6	8·84	637	31	668	18·3	16	30	2	32	48
Penge U. ...	333	12·9	11·87	365	24	389	15·0	13	24	3	27	70
Queenborough B. ...	35	11·7	13·81	52	3	55	18·4	1	2	1	3	55
Ramsgate B. ...	461	13·6	11·56	448	25	473	13·9	13	17	2	19	41
Rochester C. ...	390	11·4	10·61	502	19	521	15·2	17	33	1	34	66
Sandwich B. ...	34	9·3	7·63	44	1	45	12·3	2	2	—	2	45
Sevenoaks U. ...	127	10·4	9·05	144	4	148	12·2	6	6	—	6	41
Sheerness U. ...	192	12·0	12·13	225	12	237	14·8	7	12	1	13	55
Sittingbourne and Milton U. ...	237	11·5	10·70	332	8	340	16·5	15	11	—	11	33
Southborough U....	110	14·5	10·59	97	9	106	13·9	3	3	—	3	29
Swanscombe U. ...	92	11·0	11·44	105	6	111	13·3	2	6	—	6	55
Tenterden B. ...	51	15·1	11·48	36	4	40	11·9	—	2	—	2	50
Tonbridge U. ...	206	11·8	10·62	230	11	241	13·8	9	15	—	15	63
Tunbridge Wells B. ...	511	15·3	11·17	380	11	391	11·7	14	14	—	14	36
Walmer U. ...	17	12·1	—	14	1	15	10·7	—	—	—	—	0
Whitstable U. ...	186	12·3	8·86	143	7	150	10·0	3	3	—	3	20
TOTAL IN URBAN DISTRICTS ...	11,164	11·0	10·12	14,405	617	15,022	14·7	485	615	47	662	45

* See note on "Comparable death-rate" on page 23.

In the above Table, the figures for **Walmer Urban**, printed in **heavier type**, are for the March quarter only, after which (by the operation of the Kent Review Order), the area ceased to exist as a separate unit and became absorbed in the Borough of Deal.

TABLE 3—Showing Deaths, Births and Infantile Mortality in the different RURAL DISTRICTS of the County of Kent in the year 1935.

DISTRICT.	* DEATHS.			BIRTHS.					INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death-rate per 1,000 of the population.	*Comparable death-rate	Legitimate.	Illegitimate.	Total.	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	Total.	Deaths of Infants under one year of age, per 1000 births
Ashford, East ...	111	12·3	9·48	115	3	118	13·1	1	5	—	5	43
Ashford, West ...	116	13·7	10·42	106	6	112	13·2	7	4	—	4	36
Bridge-Blean ...	176	11·0	8·80	272	14	286	17·9	11	9	1	10	35
Cranbrook ...	160	11·8	9·21	173	4	177	13·0	6	5	1	6	34
Dartford ...	309	9·7	10·00	431	11	442	14·0	21	11	1	12	25
Dover ...	125	13·6	11·84	126	6	132	14·3	2	6	—	6	46
Eastry ...	247	11·7	10·18	309	17	326	15·4	18	19	—	19	59
Elham ...	99	11·5	8·17	121	6	127	14·8	8	4	2	6	48
Faversham ...	47	14·2	—	53	4	57	17·2	1	5	—	5	88
Hollingbourn ...	182	13·1	10·88	177	16	193	13·9	5	6	2	8	42
Hoo ...	18	16·3	—	15	—	15	11·8	1	1	—	1	67
Maidstone ...	180	11·8	9·33	218	15	233	15·3	9	9	—	9	39
Malling ...	357	11·8	10·39	455	25	480	15·9	14	15	1	16	34
Milton ...	22	12·2	—	34	1	35	19·4	1	—	—	—	—
Romney Marsh ...	39	12·1	10·17	40	1	41	12·7	1	2	—	2	49
Sevenoaks ...	303	11·3	9·61	363	8	371	13·8	9	11	2	13	36
Sheppey ...	70	10·4	9·16	92	2	94	14·0	4	1	—	1	11
Strood ...	160	9·5	8·75	239	9	248	14·7	6	11	—	11	45
Swale ...	134	10·0	8·50	185	5	190	14·2	10	6	—	6	32
Tenterden ...	81	12·7	9·40	93	3	96	15·1	3	1	2	3	32
Thanet ...	38	10·7	—	45	2	47	13·2	3	3	1	4	86
Tonbridge ...	212	11·4	9·24	237	8	245	13·2	16	10	3	13	54
TOTALS IN RURAL DISTRICTS ...	3,186	11·4	9·69	3,899	166	4,065	14·6	157	144	16	160	40
TOTALS IN URBAN DISTRICTS ...	11,164	11·0	10·12	14,405	617	15,022	14·7	485	615	47	662	45
TOTALS IN COUNTY	14,350	11·1	—	18,304	783	19,087	14·7	642	759	63	822	44

* See note on "Comparable death-rate" on page 23.

In the above table, the figures printed in **heavier type** are for the March quarter only, after which (by the operation of the Kent Review Order), the areas concerned ceased to exist as separate units and became absorbed in other districts—**Faversham Rural** and **Milton Rural** becoming the new **Swale Rural** (figures for nine months) ; **Hoo Rural** being joined with **Strood Rural** ; and **Thanet Rural** being absorbed by **Margate Borough**, **Ramsgate Borough**, **Sandwich Borough**, and **Eastry Rural**.

INFANTILE MORTALITY (Rate of deaths among children under twelve months of age, per thousand births).—The records for the administrative county and for England and Wales with a comparison of the rates among legitimate and illegitimate infants, for ten years past, are as follows :—

Year ...	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.
Urban Districts ...	56	53	48	62	45	47	50	49	48	45
Rural Districts ...	51	51	44	57	46	48	49	49	50	40
Whole County ...	55	52	47	61	45	47	50	49	49	44
England and Wales ...	70	69	65	74	60	66	65	64	59	57
Legitimate (Kent) ...	53	50	45	59	44	45	48	47	46	42
Illegitimate (Kent) ...	106	104	84	105	69	111	85	93	91	81

The rates in the different sanitary districts will be found in Tables 2 and 3. Tables 26 and 27 at the end of the report show the district rates in comparison with the total urban or total rural rates.

Table 30 shows the causes of death in children under one year of age ; and it will be seen from this table that the chief among such causes were congenital debility and premature birth and malformations (488), pneumonia of all forms (96), diarrhoea, etc., (77), and bronchitis (25).

In the urban districts, the rates varied between *nil* in *New Romney Borough* and *Walmer Urban* (in the latter case, for the three months before the area was absorbed by *Deal Borough*), and 70 in *Penge Urban*.

In the rural districts, rates were recorded from *nil* in *Milton Rural* to 88 in *Faversham Rural* ; but again it is to be remembered that in each case the figure given is for the three months only, before these areas became joined as the new *Swale Rural* district.

The rate of 44 for the whole county is very satisfactory, and reaches a record low figure ; and it may be compared with the recorded rates for England and Wales (57), the 121 great towns (62), the 140 smaller towns (55), and London (58). I would again direct attention to the remarkable fact evidenced by these figures—the steady reduction in infant deaths, in all types of communities. In our county, the rate is *almost one-third* of the rates commonly recorded at the end of the last, and beginning of the present, century. I hazard the opinion that future students of social history will regard this diminution of infant mortality in England as one of the outstanding achievements of our generation.

MATERNAL MORTALITY.—The following tabulation shows the number of deaths of women in child-birth, in Kent since 1926. For comparative purposes, the average figures for the five years 1931-1935 and the twenty-eight years 1908-1935, are shown :—

Year.	Number of births.	Puerperal Sepsis.		Other puerperal causes.		Total deaths.	Total rate per 1,000 births.
		Number of deaths.	Rate per 1,000 births.	Number of deaths.	Rate per 1,000 births.		
1926	18,101	29	1·7	35	2·0	64	3·6
1927	17,402	23	1·4	48	2·8	71	4·1
1928	17,631	25	1·5	31	1·8	56	3·2
1929	17,824	26	1·5	36	2·1	62	3·5
1930	17,859	29	1·7	40	2·3	69	3·9
1931	17,673	23	1·4	30	1·7	53	3·0
1932	17,725	17	1·0	40	2·3	57	3·3
1933	17,514	35	2·0	35	2·0	70	4·0
1934	18,393	34	1·8	39	2·1	73	4·0
1935	19,087	22	1·2	39	2·1	61	3·2
Average of five years 1931-35	18,078	26	1·5	37	2·1	63	3·5
Average of twenty-eight years 1908-35 ...	19,674	24	1·2	47	2·4	70	3·6
England and Wales ...	—	—	1·61	—	2·32	—	3·93

ZYMOTIC MORTALITY.—The following tabulation gives particulars relative to the prevalence of, and the mortality from, the seven chief zymotic diseases in Kent during 1935. The figures relate to the civil population only ; and the table shows (for purposes of comparison) the mortality recorded in the whole of England and Wales during 1935 :—

DISEASE.	Number of Cases.	Number of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1935 per 1,000 living persons.
			Per 100 persons attacked.	Per 1,000 persons living	
Small-pox	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>	0·00
Scarlet Fever	2,670	10	0·38	0·008	0·01
Diphtheria and Membranous Croup	1,248	55	4·41	0·043	0·08
Enteric, Typhus and Continued Fevers	59	4	6·78	0·004	0·00
Measles and Rubella... ..	Not notifiable	12	?	0·010	0·03
Whooping-cough	Not notifiable	18	?	0·014	0·04
Diarrhœa, including Enteritis (under two years)	Not notifiable	81	?	4·244	5·7*
Totals	—	180	—	0·139	—

*The figures relating to diarrhœa have reference to children dying under two years of age, per thousand births.

Tables 26 and 27 show zymotic death rates in the different sanitary districts, in comparison with those of the total urban and total rural districts.

NOTIFIABLE INFECTIOUS DISEASES.

The incidence of notifiable infectious diseases in each of the sanitary districts in Kent is shown in Tables 4 and 5, whilst district incidence rates, compared with the total urban or rural rates, are given in Tables 26 and 27.

The following is a summary of the numbers of notifications of small-pox, scarlet fever, diphtheria and enteric fever, and the death rates per thousand of the civil population from these diseases, during the past ten years :—

Year.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935	
										Kent.	England and Wales.
Small-pox cases	0	2	13	40	106	6	38	3	0	0	
Death-rate ...	<i>nil.</i>	<i>nil.</i>	0·0009	0·006	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	—
Scarlet Fever Cases ...	1,997	2,659	3,337	3,255	2,965	2,188	2,239	3,273	4,158	2,670	
Death-rate ...	0·02	0·02	0·02	0·02	0·02	0·02	0·02	0·02	0·03	0·01	0·01
Diphtheria Cases ...	1,462	1,779	2,486	1,941	1,823	1,056	607	980	1,521	1,248	
Death-rate ...	0·09	0·10	0·15	0·13	0·07	0·05	0·03	0·04	0·06	0·05	0·08
Enteric Fever Cases ...	184	284	92	124	96	60	84	54	33	59	
Death-rate ...	0·004	0·02	0·02	0·02	0·004	0·007	0·06	0·01	0·005	0·004	0·00

SMALL-POX.—For the second year in succession, there were no cases of small-pox in the county.

SCARLET FEVER.—There were 2,670 cases of scarlet fever in the county during 1935, with an incidence rate of 2·05 per thousand, compared with figures of 4,158 and 3·25 in the preceding year.

There were ten deaths from the disease, compared with thirty-two deaths in 1934.

The following extracts from the annual reports of the district medical officers of health, are of interest :—

Tonbridge R. Dr. Galbraith refers to two cases of children who developed scarlet fever following tonsillectomy operations. One of the cases proved fatal. Dr. Galbraith mentions that similar cases have been experienced in the past from the General Hospitals at Tunbridge Wells and Maidstone, and gives his opinion “that the infective germs (hæmolytic streptococci) are harboured in the tonsils, and the operation lets the infection into the blood stream and scarlet fever develops. If the tonsils were treated with antiseptic and the inflammation or enlargement allowed to subside before the operation, such complications would be less likely to arise It is well-known that many medical men take the view that this operation is probably carried out too frequently ; in many cases a course of medical treatment might obviate the necessity for the operation. It is treatment such as this that the health nurse undertakes in the schools and homes. In my opinion this is a concrete example of what modern preventive medicine can do.”

Broadstairs and St. Peter's U. Dr. Watts mentions that twenty-seven out of the thirty-six cases of scarlet fever in this area occurred in convalescent homes and private boarding-schools.

“Return” cases of scarlet fever totalled forty-six, and were recorded in the following districts :—Bexley U., 4 ; Broadstairs and St. Peter's U., 2 ; Bromley B., 10 ; Chislehurst and Sidcup U., 5 ; Crayford U., 1 ; Dartford B., 1 ; Gillingham B., 1 ; Herne Bay U., 1 ; Margate B., 1 ; Orpington U., 3 ; Penge U., 3 ; Sittingbourne and Milton U., 2 ; Swanscombe U., 1 ; Tonbridge U., 3 ; Whitstable U., 2 ; Bridge-Blean R., 1 ; Hollingbourn R., 5.

DIPHTHERIA.—There were 1,248 notifications of diphtheria during 1935, as compared with 1,521 in 1934 ; and the incidence rate was 0·96 per thousand against 1·20 per thousand in the previous year.

Deaths from diphtheria totalled fifty-five, as against seventy in 1934.

Some extracts from the district reports are appended :—

Broadstairs and St. Peter's U. Dr. Watts directs attention to the fact that thirty-four out of the thirty-nine cases of diphtheria in this district occurred in convalescent homes and private boarding-schools.

Chatham B. Dr. Holroyde points out that, as compared with past years, diphtheria in this town is almost negligible. For a long series of years, severe outbreaks occurred at intervals ; but the last of such outbreaks was in 1927-28, and during the last eight years the incidence has been very low.

Immunization has been practised now for six complete years, and a total of 3,119 children have been protected. During this period, only four cases of very mild diphtheria have been notified amongst the children protected or partially protected.

During 1935, 526 new cases attended for immunization, and in 482 cases the treatment was completed.

Crayford U. Some 1,200 children presented themselves for Schick testing and immunization ; and Dr. Ockwell remarks that “it is obvious that this is a method that is intensifying its appeal to parents.”

Rochester C. A diphtheria-immunization clinic was commenced in September, and 178 patients attended before the end of the year.

TABLE 4.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the URBAN DISTRICTS in the County of Kent, the number of such Cases which were treated in Hospital, and the incidence per thousand of the population of cases of Diphtheria, Scarlet Fever, and Enteric Fever, during the year 1935.

DISTRICT.	Cases removed to Hospital.																	Incidence per 1,000 of the population of notified cases.						
	Small-pox.	Diphtheria (including Membranous Croup).	Erysipelas.	Fevers.			Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford U. ...	26	6	36	—	—	—	1	—	—	—	—	1	18	10	—	—	—	27	23	34	—	1·17	1·62	0·00
Beckenham B. ...	24	10	122	8	—	—	6	3	—	—	—	1	58	9	—	—	—	31	23	93	8	0·37	1·84	0·13
Bexley U. ...	67	15	210	4	—	—	8	—	—	—	—	—	84	20	—	1	—	23	66	163	4	1·12	3·51	0·07
Broadstairs and St. Peter's U. ...	39	6	36	1	—	—	1	—	1	—	—	1	11	4	—	1	—	14	37	28	—	2·96	2·73	0·08
Bromley B. ...	44	10	167	5	—	—	5	—	3	—	—	3	52	15	—	—	—	36	44	135	4	0·79	2·98	0·09
Chatham B. ...	22	17	44	2	—	—	2	—	—	—	—	—	38	14	—	—	—	30	21	36	2	0·51	1·01	0·05
Chislehurst & Sidcup	60	22	193	3	3	—	5	—	—	—	—	1	31	7	1	—	—	30	58	160	2	1·26	4·05	0·07
Crayford U. ...	27	4	51	1	1	—	3	—	—	—	—	—	19	2	—	—	—	6	26	27	1	1·29	2·43	0·05
Dartford B. ...	32	8	89	4	—	—	4	—	—	—	—	2	29	4	—	—	—	24	1	45	—	1·01	2·80	0·00
Deal B. ...	7	1	19	2	—	—	1	—	—	—	—	—	15	11	—	—	—	—	6	19	—	0·31	0·83	0·00
Dover B. ...	17	17	42	1	—	—	4	3	1	—	—	4	46	9	—	—	—	16	15	37	—	0·41	1·02	0·00
Erith U. ...	57	5	35	1	—	—	7	—	1	—	—	3	45	6	1	—	—	26	57	30	—	1·60	0·98	0·03
Faversham B. ...	19	5	15	—	1	—	—	—	—	—	—	—	12	3	—	—	—	3	19	12	—	1·61	1·27	0·00
Folkestone B. ...	62	16	99	4	2	—	5	—	—	—	—	1	41	25	—	—	—	21	62	97	2	1·34	2·13	0·09
Gillingham B. ...	25	17	93	1	—	—	5	—	1	1	—	—	72	15	—	—	—	37	23	47	1	0·41	1·49	0·02
Gravesend B. ...	24	7	68	—	6	—	2	—	—	—	—	1	22	4	—	—	—	12	22	45	—	0·63	1·79	0·00
Herne Bay U. ...	19	1	51	1	3	—	1	—	—	—	2	1	10	9	—	—	—	15	18	49	—	1·26	3·39	0·07
Hythe B. ...	3	3	5	1	1	—	—	—	1	—	—	—	8	2	—	—	—	5	3	4	1	0·35	0·58	0·12
Lydd B. ...	—	—	16	—	2	—	—	—	—	—	—	1	—	—	—	—	—	4	16	—	—	0·00	5·91	0·00
Maidstone B. ...	77	19	38	4	—	—	5	—	—	—	1	1	41	9	—	—	—	21	77	33	4	1·66	0·82	0·09
Margate B. ...	53	15	119	3	—	—	2	1	1	—	—	—	70	37	—	—	—	13	35	94	3	1·44	3·22	0·09
New Romney B. ...	—	—	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	6	—	3	—	0·00	1·63	0·00
Northfleet U. ...	12	4	44	—	—	—	1	—	—	—	—	—	16	5	—	—	—	10	3	10	—	0·68	2·50	0·00
Orpington U. ...	48	25	63	1	4	—	7	—	—	—	—	—	35	4	—	—	—	22	44	49	—	1·32	1·73	0·03
Penge U. ...	41	12	61	1	—	—	1	—	—	—	—	2	26	5	—	—	—	6	39	55	1	1·58	2·35	0·04
Queenborough B. ...	—	—	6	1	—	—	2	—	—	—	—	—	3	—	—	—	—	—	6	1	—	0·00	2·01	0·34
Ramsgate B. ...	31	6	42	1	—	—	3	2	1	—	1	1	37	11	2	—	—	67	31	36	—	0·91	1·24	0·00
Rochester C. ...	71	12	78	3	—	—	1	—	—	—	—	1	30	13	—	—	—	20	69	70	—	2·06	2·27	0·00
Sandwich B. ...	—	—	6	—	—	—	—	—	—	—	—	—	1	3	—	—	—	1	—	6	—	0·00	1·63	0·00
Sevenoaks U. ...	5	3	5	1	1	—	4	—	—	—	—	—	11	5	—	—	—	1	5	5	1	0·41	0·41	0·09
Sheerness U. ...	11	1	9	—	—	—	3	—	—	—	1	4	10	3	—	—	—	7	11	9	—	0·69	0·56	0·00
Sittingbourne & Milton U. ...	34	8	30	1	1	—	2	—	—	—	—	—	12	7	—	—	—	10	33	30	1	1·65	1·45	0·05
Southborough U. ...	1	—	21	—	1	—	—	—	—	—	—	1	7	2	—	—	—	—	1	21	—	0·14	2·76	0·00
Swanscombe U. ...	10	7	26	1	—	—	—	2	—	—	—	—	16	2	—	—	—	1	10	14	—	1·20	3·10	0·00
Tenterden B. ...	—	1	8	—	—	—	—	—	—	—	—	—	2	1	—	—	—	1	—	8	—	0·00	2·37	0·00
Tonbridge U. ...	4	15	81	2	2	—	1	—	—	—	—	—	14	1	—	—	—	19	4	80	2	0·23	4·63	0·12
Tunbridge Wells B. ...	9	9	54	—	—	—	8	—	—	—	1	2	23	8	—	—	—	36	9	52	—	0·27	1·62	0·00
Walmer U.* ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whitstable U. ...	4	3	27	3	1	—	—	—	—	—	1	1	14	13	—	—	—	9	4	26	2	0·27	1·79	0·20
TOTALS IN URBAN DISTRICTS	985	310	2112	49	41	100	11	10	1	9	35	979	298	4	2	610	—	899	1684	40	—	0·97	2·07	0·05

* *Walmer U.* The figures for the first three months of the year (i.e., prior to the amalgamation of this district with *Deal B.*) are included in the figures for the latter area.

TABLE 5.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the RURAL DISTRICTS in the County of Kent, the number of such Cases which were treated in Hospital, and the incidence per thousand of the population of cases of Diphtheria, Scarlet Fever, and Enteric Fever, during the year 1935.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Group).	Erysipelas.	Fevers.			Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Cases removed to Hospital.				Incidence per 1000 of the population of notified cases.		
				Scarlet.	Enteric.	Puerperal.												Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford, East	15	1	11	—	—	1	—	—	—	—	—	6	6	—	—	8	15	11	—	—	1·66	1·22	0·00
Ashford, West	27	1	24	—	—	—	—	—	—	—	—	6	3	—	—	23	27	24	—	—	3·17	2·82	0·00
Bridge-Blean	17	2	27	—	—	—	—	—	—	—	1	8	6	3	—	22	17	24	—	—	1·07	1·69	0·00
Cranbrook	2	2	41	1	2	2	—	—	—	—	2	6	1	—	—	16	2	31	1	—	0·15	3·01	0·08
Dartford	61	18	113	1	—	1	1	—	—	—	1	19	3	—	—	7	44	62	—	—	1·93	3·57	0·04
Dover	2	1	6	—	—	—	—	—	—	—	—	9	4	—	—	—	2	4	—	—	0·22	0·65	0·00
Eastry	18	8	18	1	—	2	—	1	—	—	—	23	10	1	—	40	18	9	1	—	0·85	0·85	0·05
Elham	4	1	11	1	1	—	—	1	—	—	2	6	5	—	—	2	4	10	—	—	0·47	1·28	0·12
Faversham*	12	2	4	—	—	—	—	—	—	—	—	5	1	—	—	1	12	4	—	—	3·61	1·21	0·00
Hollingbourn	1	5	39	—	—	1	—	—	—	—	—	7	2	—	—	1	1	38	—	—	0·08	2·80	0·00
Hoo†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maidstone	11	1	21	—	3	2	—	—	—	—	—	11	6	—	—	3	11	19	—	—	0·72	1·38	0·00
Malling	15	2	67	—	—	3	—	—	—	—	—	14	7	—	—	17	15	67	—	—	0·50	2·21	0·00
Milton*	4	2	4	—	—	—	—	—	—	—	—	2	1	—	—	1	4	4	—	—	2·22	2·22	0·00
Romney Marsh	5	—	12	—	—	—	—	—	—	—	—	1	—	—	—	—	5	12	—	—	1·55	3·71	0·00
Sevenoaks	3	10	31	2	—	2	—	4	—	—	1	15	9	—	—	11	3	29	2	—	0·12	1·15	0·08
Sheppey	2	2	7	3	—	2	1	—	—	—	1	4	2	—	—	2	2	7	2	—	0·30	1·04	0·45
Strood	6	3	40	—	—	1	—	—	—	—	1	9	3	—	—	4	6	37	—	—	0·36	2·37	0·00
Swale‡	16	2	17	—	1	1	—	—	—	—	—	14	2	—	—	10	16	16	—	—	1·20	1·27	0·00
Tenterden	1	1	12	—	—	—	—	—	—	—	—	3	1	—	—	2	1	10	—	—	0·16	1·89	0·00
Thanet *	6	5	11	—	1	—	—	—	—	—	—	7	1	—	—	5	6	9	—	—	1·68	3·08	0·00
Tonbridge	35	5	42	1	—	2	—	—	—	—	1	14	1	—	—	3	35	41	1	—	1·88	2·26	0·06
TOTALS IN RURAL DISTRICTS	263	74	558	10	10	20	2	6	—	—	10	181	81	5	—	178	246	468	7	—	0·94	2·00	0·04
TOTALS IN URBAN DISTRICTS	985	310	2112	49	41	100	11	10	1	9	35	979	298	4	2	610	899	1684	40	—	0·97	2·07	0·05
TOTALS IN COUNTY	1248	384	2670	59	51	120	13	16	1	9	45	1160	379	9	2	788	1145	2152	47	—	0·96	2·05	0·05
DEATHS, 1935—
Urban	46	?	8	3	18	?	10	1	1	14	?	608	103	?	?	471	—	—	—	—	—	—	—
Rural	9	?	2	1	4	?	4	1	—	6	?	115	34	?	?	153	—	—	—	—	—	—	—
County	55	?	10	4	22	?	14	2	1	20	?	723	137	?	?	624	—	—	—	—	—	—	—

* Figures for January–March only.

† Figures for April–December only.

‡ Figures for the first three months of the year (i.e., prior to the amalgamation of this district with *Strood R.*) are included in the figures for the latter area.

Swanscombe U. About 324 children were dealt with for Schick testing and immunization.

Dartford R. 1,441 children were Schick-tested and/or immunised during the year.

With regard to "return" cases of diphtheria, it is interesting to note that only one such case is recorded in the reports and summaries of the district medical officers of health. This case was in *Whitstable Urban*.

In 1934, there were ten "return" cases in the county.

ENTERIC FEVER.—There was an increase in the number of cases of enteric fever during 1935, the total being fifty-nine as compared with thirty-three in 1934. Tables 4 and 5 show the distribution of the disease throughout the county. There were four deaths.

Dr. Hills, reporting on the three cases notified in *Sheppey Rural*, mentions that all three were carefully investigated; but in no case could connection with other cases be established, and all occurred at different times. The only possible source of infection appeared to be the use of rain-water.

DYSENTERY. There were two cases of this disease notified during 1935, compared with six cases in the preceding year. Tables 4 and 5 show the districts in which the cases occurred.

MALARIA. As has been the case for some years past, the incidence rate of this disease was very low. There were nine cases (for distribution, see Tables 4 and 5) and this compares with six in 1934, eight in 1933, seven in 1932 and eight in 1931.

CEREBRO-SPINAL FEVER. Notifications of this disease totalled thirteen as compared with fourteen in 1934 and sixteen in 1933.

POLIOMYELITIS. The notifications of this disease fell from thirty in 1934 and twenty-five in 1933, to sixteen, in the year under review.

CHICKEN-POX. This disease was notifiable during 1935 in certain districts; and the following notes show such districts, the period during which notification was in force, and the numbers of cases recorded :—

Broadstairs U. (whole year), 68; *Herne Bay U.* (whole year), 11; *Dartford B.* (whole year), 96; *Sevenoaks R.* (whole year), no cases; and *Thanet R.* (three months, until district ceased to exist on April 1st), no cases.

MEASLES. This disease also was notifiable in certain districts, shown below with the period during which notification was in force, and the numbers of cases recorded :—

Folkestone B. (whole year), 34 measles and 23 rubella; *Chislehurst and Sidcup U.* (from May 15th, 1935), 38; *Orpington U.* (whole year), 59; *Sevenoaks Urban* (whole year), 4; *Sevenoaks Rural* (whole year), 6; *Thanet R.* (three months, until district ceased to exist on April 1st) 122 measles and 3 rubella.

The deaths from this disease, in the whole of the county, totalled twelve, with a death-rate of 0·010 per thousand, as will be seen from the Table on page 24.

SUMMER DIARRHŒA. This disease is notifiable in *Beckenham Urban* from July 15th to October 15th of each year. No cases were notified during 1935.

PUERPERAL FEVER, PUERPERAL PYREXIA, and OPTHALMIA NEONATORUM. Information under these headings is given on pages 97 and 98.

WHOOPIING-COUGH. This disease is notifiable in *Whitstable U.*

TUBERCULOUS DISEASES.

There were 1,160 cases of phthisis and 379 cases of other tuberculous diseases notified in the county during the year, as shown in Tables 4 and 5. There was a decrease of 43 in the number of pulmonary cases notified compared with the previous year, and the number is well below the average for the past ten years.

The deaths from phthisis numbered 723 and of these 608 were recorded in *urban* districts and 115 in *rural* districts—the mortality rates being 0·59 and 0·41 respectively, per thousand of the population living.

The mortality rate (0·55) is again the lowest ever recorded. It is less than half the high rate of mortality (1·16) recorded during the year 1918. The decline since that year has been steady and persistent and is very gratifying.

The following table shows the cases of *pulmonary tuberculosis* notified, the number of deaths, and the death-rates in Kent, compared with those of England and Wales, during recent years :—

TABLE 6.
PULMONARY TUBERCULOSIS.

Year.	Administrative County of Kent.						England and Wales.	
	No. of Cases Notified.	Total No. of Deaths.	Death-rate per 1,000 population.			Mortality per cent. of total Deaths (County).	Death-rate per 1,000 population.	Mortality per cent. of total Deaths.
			Urban.	Rural.	Whole County.			
1915	1,448	954	1·00	0·92	0·96	6·4	1·16	7·4
1916	1,554	1,034	1·02	0·92	0·99	7·8	1·17	8·2
1917	1,408	1,055	1·05	0·98	1·03	8·1	1·25	8·7
1918	1,652	1,184	1·20	1·08	1·16	8·0	1·34	7·6
1919	1,455	995	0·97	1·00	0·98	8·0	0·99	7·3
1920	1,489	836	0·83	0·73	0·80	7·2	0·88	7·2
1921	1,438	876	0·82	0·80	0·81	7·2	0·88	7·3
1922	1,518	812	0·80	0·64	0·75	6·8	0·89	7·0
1923	1,668	835	0·76	0·77	0·76	7·4	0·83	7·2
1924	1,520	846	0·77	0·75	0·76	7·0	0·84	7·0
1925	1,549	796	0·75	0·65	0·72	6·5	0·84	6·9
1926	1,486	787	0·76	0·55	0·70	6·6	0·78	6·7
1927	1,357	806	0·78	0·61	0·73	6·0	0·80	6·5
1928	1,266	819	0·76	0·65	0·73	6·4	0·76	6·5
1929	1,271	788	0·72	0·61	0·69	5·5	0·80	6·0
1930	1,309	803	0·73	0·61	0·70	6·4	0·74	6·5
1931	1,388	743	0·66	0·56	0·64	5·5	0·74	6·0
1932	1,257	783	0·67	0·57	0·64	5·5	0·69	5·7
1933	1,154	803	0·68	0·53	0·64	5·5	0·69	5·7
1934	1,203	755	0·60	0·56	0·59	5·3	0·63	6·4
10 years' average	1,324	788	0·71	0·59	0·68	5·9	0·75	6·3
1935	1,160	723	0·59	0·41	0·55	5·1	0·605	5·15

Continued.

It is with regard to the incidence of and mortality from non-pulmonary tuberculosis that the most extraordinary improvement has taken place since the establishment of the tuberculosis schemes and, later, the special arrangements for the orthopaedic treatment of crippling defects. The mortality from tuberculosis of bones and joints has been *more than halved* during the last twenty years and the following table shows how steadily this decline has taken place in Kent.

NON-PULMONARY TUBERCULOSIS.

Table 6 (continued)

Year.	Administrative County of Kent.						England and Wales.	
	No. of Cases Notified.	Total No. of Deaths.	Death-rate per 1,000 population.			Mortality per cent. of total Deaths (County).	Death-rate per 1,000 population.	Mortality per cent. of total Deaths.
			Urban.	Rural.	Whole County.			
1915	446	363	0.39	0.33	0.37	2.49	(1911-20) average 0.35	2.43
1916	383	297	0.28	0.25	0.28	2.25		
1917	399	313	0.30	0.31	0.30	2.42		
1918	379	310	0.29	0.32	0.30	2.11		
1919	422	251	0.26	0.22	0.25	2.02		
1920	323	250	0.26	0.20	0.24	2.16		
1921	358	235	0.22	0.20	0.22	1.93	(1921-30) average. 0.20	1.64
1922	395	221	0.23	0.16	0.20	1.77		
1923	489	187	0.16	0.19	0.17	1.65		
1924	504	208	0.19	0.19	0.19	1.73		
1925	622	201	0.18	0.18	0.18	1.62		
1926	553	165	0.14	0.17	0.15	1.37		
1927	493	168	0.14	0.18	0.15	1.26	0.16	1.39
1928	454	158	0.13	0.16	0.13	1.23		
1929	401	152	0.13	0.14	0.13	1.04		
1930	434	159	0.14	0.14	0.14	1.27		
1931	382	156	0.13	0.14	0.13	1.15		
1932	398	155	0.13	0.11	0.13	1.10		
1933	353	154	0.12	0.11	0.12	1.05	0.15	1.25
1934	399	144	0.11	0.13	0.11	1.01	0.13	1.09
10 years' average	449	161	0.13	0.15	0.14	1.21	0.13	1.09
1935	379	137	0.10	0.12	0.10	0.96	0.113	0.96

103 deaths from non-pulmonary tuberculosis occurred in *urban* and 34 in *rural* districts, the mortality rates being 0.10 and 0.12 respectively. The death-rate for the whole county was 0.10, and this compares very favourably with the average county rate of 0.14 for the previous ten years.

The figures relating to notifications in the foregoing tabulations and in Table 7 are taken from the annual reports of the local medical officers of health, whilst those in the three following returns are obtained from the weekly statements from the same officers.

TABLE 7.—Number of cases of Tuberculosis notified in each district in Kent under the Public Health (Tuberculosis) Regulations during 1935; together with the number of deaths occurring from Tuberculosis, and the death rates.

DISTRICTS.	* Popula- tion. 1935.	Notifications. 1935.			Deaths.				
		Pulmonary	Other	Total	Pulmonary.		Other.		
					1935	Rate per 1,000 1935	1935	Rate per 1,000 1935	
URBAN—									
Ashford	22,260	18	10	28	17	0·76	5	0·22	
Beckenham (Borough) ...	66,370	58	9	67	29	0·44	6	0·09	
Bexley	59,970	84	20	104	29	0·48	12	0·20	
Broadstairs and St. Peter's...	13,217	11	4	15	7	0·53	—	—	
Bromley (Borough) ...	56,200	52	15	67	25	0·44	2	0·04	
Chatham (Borough) ...	43,960	38	14	52	37	0·84	7	0·16	
Chislehurst & Sidcup ...	47,690	31	7	38	26	0·55	3	0·06	
Crayford	21,050	19	2	21	13	0·62	1	0·05	
Dartford	31,870	29	4	33	16	0·50	2	0·06	
Deal (Borough)	21,287	15	11	26	5	0·23	1	0·05	
Dover (Borough)	41,510	46	9	55	30	0·72	4	0·10	
Erith	35,760	45	6	51	29	0·81	3	0·08	
Faversham (Borough) ...	11,873	12	3	15	7	0·59	1	0·08	
Folkestone (Borough) ...	46,540	41	25	66	24	0·52	5	0·11	
Gillingham (Borough) ...	62,490	72	15	87	56	0·90	6	0·10	
Gravesend (Borough) ...	38,130	22	4	26	15	0·39	6	0·16	
Herne Bay	15,080	10	9	19	8	0·53	1	0·07	
Hythe (Borough)	8,709	8	2	10	6	0·69	—	—	
Lydd (Borough)	2,711	—	—	—	1	0·37	—	—	
Maidstone (Borough) ...	46,650	41	9	50	41	0·88	5	0·11	
Margate (Borough) ...	36,970	70	37	107	18	0·49	3	0·08	
New Romney (Borough) ...	1,843	—	—	—	1	0·54	—	—	
Northfleet	17,660	16	5	21	8	0·45	5	0·29	
Orpington	36,620	35	4	39	19	0·52	3	0·08	
Penge	26,010	26	5	31	15	0·58	5	0·19	
Queenborough (Borough) ...	2,995	3	—	3	4	1·34	—	—	
Ramsgate (Borough) ...	34,132	37	11	48	25	0·73	3	0·09	
Rochester (City)	34,480	30	13	43	24	0·70	2	0·06	
Sandwich (Borough) ...	3,686	1	3	4	1	0·27	—	—	
Sevenoaks	12,230	11	5	16	10	0·82	—	—	
Sheerness	16,110	10	3	13	8	0·50	—	—	
Sittingbourne and Milton ...	20,700	12	7	19	8	0·39	4	0·19	
Southborough	7,636	7	2	9	3	0·39	—	—	
Swanscombe	8,403	16	2	18	11	1·31	1	0·12	
Tenterden (Borough) ...	3,385	2	1	3	1	0·30	—	—	
Tonbridge	17,500	14	1	15	13	0·74	1	0·06	
Tunbridge Wells (Borough)	33,490	23	8	31	12	0·36	5	0·15	
Walmer (a)	1,408	—	—	—	—	—	—	—	
Whitstable	15,140	14	13	27	6	0·39	1	0·07	
TOTALS—Urban ...	1,023,725	979	298	1,277	608	0·59	103	0·10	
RURAL—									
Ashford, East	9,046	6	6	12	3	0·33	1	0·11	
Ashford, West	8,520	6	3	9	5	0·59	1	0·12	
Blean-Bridge	16,020	8	6	14	4	0·25	2	0·12	
Cranbrook	13,650	6	1	7	4	0·29	3	0·22	
Dartford	31,710	19	3	22	5	0·16	3	0·09	
Dover	9,251	9	4	13	3	0·32	—	—	
Eastry	21,292	23	10	33	14	0·66	4	0·19	
Elham	8,609	6	5	11	4	0·46	—	—	
Faversham (a)	3,330	5	1	6	2	0·60	1	0·30	
Hollingbourn	13,940	7	2	9	7	0·50	2	0·14	
Hoo (a)	1,105	—	—	—	—	—	—	—	
Maidstone	15,300	11	6	17	7	0·45	4	0·26	
Malling	30,320	14	7	21	20	0·66	3	0·10	
Milton (a)	1,808	2	1	3	1	0·55	1	0·55	
Romney Marsh	3,243	—	1	1	1	0·31	—	—	
Sevenoaks	27,050	15	9	24	7	0·26	2	0·07	
Sheppey	6,751	4	2	6	4	0·59	1	0·15	
Strood	16,913	9	3	12	9	0·53	—	—	
Swale (b)	13,440	14	2	16	7	0·52	—	—	
Tenterden	6,382	3	1	4	2	0·31	1	0·16	
Thanet (a)	3,575	—	7	7	—	—	2	0·56	
Tonbridge	18,620	14	1	15	6	0·32	3	0·16	
Totals in Rural Districts ...	279,875	181	81	262	115	0·41	34	0·12	
Totals in Urban Districts ...	1,023,725	979	298	1,277	608	0·59	103	0·10	
Totals for County ...	1,303,600	1,160	379	1,539	723	0·55	137	0·10	

* *Wid. note on p. 17. (a) Three months only. (b) nine months only—see also notes on p. 12.*

Particulars of new cases of tuberculosis, and of deaths from the disease in Kent during 1935.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	7	3	1	1	8	6
1—5	6	3	36	36	1	1	15	17
5—10	9	10	63	37	1	5	11	7
10—15	15	14	26	24				
15—20	40	67	16	13	49	92	17	6
20—25	87	101	12	20				
25—35	179	191	13	27	195	156	14	10
35—45	145	83	10	12				
45—55	105	52	8	7	124	58	9	10
55—65	61	28	4	6				
65 and upwards ...	26	15	3	1	21	18	5	2
Totals	673	564	198	186	392	331	79	58
1,621				860				

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS.

Summary of Notifications during the period from the 1st January, 1935, to the 31st December, 1935, in the County of Kent.

AGE PERIODS.				Formal Notifications.												Total Notifications
				Number of Primary Notifications of new cases of Tuberculosis.												
				0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up- wards	Total (all Ages)	
Pulmonary—																
Males				—	6	9	14	37	76	160	117	84	49	24	576	635
Females				—	3	10	12	60	89	156	68	43	23	12	476	523
Non-pulmonary																
Males				3	32	61	23	14	9	11	9	7	4	2	175	186
Females				—	33	29	18	13	18	25	8	7	6	1	158	172

TABLE 8.—Cases of Tuberculosis remaining on the Registers of Notifications kept by Medical Officers of Health in the County, on December 31st, 1935.

URBAN DISTRICTS.	Total Cases.	Pulmonary.			Non-Pulmonary.		
		M.	F.	Total.	M.	F.	Total.
Ashford	120	49	36	85	20	15	35
Beckenham (Borough) ...	236	100	85	185	31	20	51
Bexley	311	128	112	240	33	38	71
Broadstairs and St. Peter's ...	91	30	39	69	8	14	22
Bromley (Borough)	385	135	119	254	60	71	131
Chatham (Borough)	167	87	48	135	18	14	32
Chislehurst & Sidcup	153	55	53	108	26	19	45
Crayford	167	69	50	119	25	23	48
Dartford (Borough)	251	119	73	192	25	34	59
Deal (Borough)	163	64	60	124	20	19	39
Dover (Borough)	251	102	94	196	30	25	55
Erith	484	173	163	336	81	67	148
Faversham (Borough)	64	13	26	39	2	23	25
Folkestone (Borough)	247	115	67	182	26	39	65
Gillingham (Borough)	257	124	53	177	46	34	80
Gravesend (Borough)	152	63	44	107	23	22	45
Herne Bay	68	17	23	40	12	16	28
Hythe (Borough)	30	13	9	22	1	7	8
Lydd (Borough)	13	6	4	10	2	1	3
Maidstone (Borough)	334	139	111	250	36	48	84
Margate (Borough)	327	87	108	195	72	60	132
New Romney (Borough)	1	—	—	—	1	—	1
Northfleet	130	57	36	93	22	15	37
Orpington	202	83	72	155	17	30	47
Penge	187	75	67	142	25	20	45
Queenborough (Borough)	29	14	8	22	4	3	7
Ramsgate (Borough)	439	134	156	290	74	75	149
Rochester (City)	157	64	37	101	43	13	56
Sandwich (Borough)	14	1	8	9	3	2	5
Sevenoaks	101	23	34	57	22	22	44
Sheerness	142	47	53	100	25	17	42
Sittingbourne and Milton	196	82	75	157	25	14	39
Southborough	93	26	39	65	17	11	28
Swanscombe	88	27	33	60	18	10	28
Tenterden (Borough)	20	10	7	17	2	1	3
Tonbridge	152	52	47	99	35	18	53
Tunbridge Wells (Borough)	139	46	43	89	24	26	50
Whitstable	103	26	43	69	20	14	34
Total Urban	6,464	2,455	2,135	4,590	974	900	1,874

Continued.

Table 8 (continued).

RURAL DISTRICTS.	Total Cases.	Pulmonary.			Non-Pulmonary.		
		M.	F.	Total.	M.	F.	Total.
Ashford, East	39	15	9	24	3	12	15
Ashford, West	51	9	15	24	16	11	27
Blean-Bridge	55	21	16	37	10	8	18
Cranbrook	142	55	43	98	21	23	44
Dartford	181	75	54	129	36	16	52
Dover... ..	34	13	14	27	3	4	7
Eastry	93	30	36	66	10	17	27
Elham	38	9	15	24	3	11	14
Hollingbourn	53	22	23	45	7	1	8
Maidstone	148	42	51	93	29	26	55
Malling	286	149	80	229	27	30	57
Romney Marsh	9	6	2	8	1	—	1
Sevenoaks	197	60	58	118	44	35	79
Sheppey	30	7	9	16	7	7	14
Strood	98	22	23	45	33	20	53
Tenterden	39	14	18	32	3	4	7
Swale	63	24	12	36	12	15	27
Tonbridge	176	56	54	110	43	23	66
Total Rural	1,732	629	532	1,161	308	263	571
Totals for County ...	8,196	3,084	2,667	5,751	1,282	1,163	2,445
No. of cases <i>removed</i> from the Registers during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of notification	42	12	12	24	12	6	18
2. Recovery from the disease... ..	447	139	136	275	99	73	172
3. Death	806	388	331	719	48	39	87

TABLE 9.—Showing Occupations of Patients who were notified for the first time under the Public Health (Tuberculosis) Regulations, during 1935.

Occupations.	Pulmonary.	Non-pulmonary.	Total.
MALES.			
Agents, including Travellers, Collectors, &c.	24	—	24
Attendants of all kinds	16	2	18
Building Trades, including Painters, Decorators, Carpenters, Joiners, Plumbers, &c.	38	2	40
Carmen, including Chauffeurs, Motor Men, Carriage Drivers, Engine Drivers, &c.	26	4	30
Clerks, including Secretaries, Valuers, Reporters, &c. ...	60	5	65
Domestic Servants, including Butlers, Coachmen, Gardeners, Stewards, Caretakers, Footmen, &c. ...	18	1	19
Engineers, including Instrument Makers, Tool-makers, &c.	27	1	28
Factory and Mill Workers, including Papermakers, Leathermakers, &c.	15	—	15
Labourers of all kinds, both skilled and unskilled ...	87	9	96
Mechanics, including Boilermakers, Enginemakers, Brass Finishers, &c.	14	3	17
Miners	4	1	5
Musicians, including Pianoforte Tuners, &c.	3	—	3
Postmen, Policemen, Firemen, &c.	7	1	8
Printers, including Compositors, &c.	2	2	4
Railway Workers, including Carriage Cleaners, Re- pairers, Platelayers, &c.	8	1	9
School Children & Children under school age	29	120	149
Shipwrights, including Ship Fitters, Riggers, Cable- workers, &c.	—	—	—
Shopkeepers and Shop Assistants	37	4	41
*Soldiers and Sailors, including ex-Soldiers and ex- Sailors	14	1	15
Stokers	3	—	3
Tailors and Allied Tradesmen	2	—	2
Teachers	6	—	6
Tradesmen, including Butchers, Bakers, Dairymen, Grocers, &c.	24	2	26
Watermen, including Bargemen, Lightermen, Sea- men, &c.	6	1	7
Unknown, various, or of no occupation	106	15	121
Total Males	576	175	751
FEMALES.			
Clerks	22	6	28
Domestics, including Housewives, Cooks, Nurses, &c.	321	56	377
Factory Workers	20	—	20
Laundresses	5	2	7
Printing Trades	7	—	7
School Children & Children under school age	26	80	106
School Teachers	7	—	7
Shop Assistants	20	4	24
Tailoresses, including Dressmakers	6	2	8
Unknown, various, or of no occupation	42	8	50
Total Females	476	158	634

* In whose cases tuberculosis was accepted as attributable to War service.

COUNTY TUBERCULOSIS SCHEME.

The administration of the county tuberculosis scheme was carried on satisfactorily during the year under review, and the extent to which its services are appreciated is evidenced by the fact that of a total of 8,196 patients whose names were on the registers of local medical officers of health in accordance with the provisions of the Public Health (Tuberculosis) Regulations at the close of the year, 5,085 were receiving some form of treatment under the county scheme.

1,689 new cases were registered for treatment during the year, and 896 of these (599 male and 297 female) were insured under the National Health Insurance Acts. Of the remainder, 109 were men, 350 women and 334 children.

Of the 1,421 cases of *phthisis* registered during the year, 897 were classified as coming within the early or first stage of the disease, 426 within the intermediate or second stage, and 98 within the advanced or third stage of the disease. The relation of these figures, one to another, changes little from year to year, although there is some further improvement in the number of "early" cases compared with previous years. A number of the cases registered during the year as new cases under the Kent scheme, had previously received treatment from another authority, and the majority of these were intermediate cases.

There is still, however, a fairly general failure to seek medical advice during the early stages of the disease. It cannot be too strongly urged that such symptoms as persistent cough, loss of weight, undue fatigue on exertion or blood-spitting, call for medical advice, and that in the usual type of chronic pulmonary tuberculosis, the earlier treatment is begun the greater are the prospects of recovery. Full facilities are available at the County Council dispensaries (vide p. 38) for the diagnosis and treatment of tuberculosis, and all notifications are treated confidentially.

Only 49% of the cases registered during the year applied for treatment within three months of the onset of their illness, 65% within six months and 77% within twelve months. In as many as 16% of the cases the period between the first symptoms of tuberculosis and the date of application for treatment under the county scheme was between one year and five years, whilst even this period appeared to be exceeded in about 7% of the cases. These figures, however, are affected to some extent by the transfer of patients into the county, who, for statistical purposes, are regarded as "new" cases, although they may have been receiving treatment from other authorities for some years. In spite of these transfers the figures show a gradual improvement and it is all to the good that the facilities of the scheme should be sought at an earlier stage of the illness and the prospects of permanent benefit thereby increased.

3,419 new cases and contacts were examined during the year at the County Council tuberculosis dispensaries and of those 1,120 were found to be definitely tuberculous.

Special efforts are made to ensure that the attention of all persons notified under the regulations as suffering from tuberculosis, is directed to the facilities available under the county scheme, and the closest co-operation is being maintained with the various public health services and with private practitioners.

The following tabular statements show various details relating to diagnosis, work of dispensaries, institutional treatment, etc., and this information has been drawn up largely in accordance with the model tables suggested by the Ministry of Health in Mem. 37/T.

It will be seen from Table 10 that 5,102 cases were on the dispensary registers, i.e., having some form of public medical treatment, at the commencement of the year under review. There were 3,419 new cases examined during the year (including 832 contacts) and 254 cases were transferred from other counties, or resumed public medical treatment.

391 cases were written off the dispensary registers as recovered and 2,284 were written off owing to the fact that after a period of observation the patients were found not to be suffering from tuberculosis.

490 cases were transferred to other areas during the year and 525 died whilst receiving treatment under the county scheme.

At the end of 1935, 5,085 cases remained on the dispensary registers.

It will be seen from Tables 13 and 13a that 30,134 patients have been dealt with since the inception of the county tuberculosis scheme.

TUBERCULOSIS DISPENSARY SERVICE.—The services of the tuberculosis officers are available for the purpose of consultation in all cases receiving domiciliary treatment, and, at the request of the medical attendant, a certain number of patients are kept under the supervision of the tuberculosis officers.

There are twenty-two dispensaries in the county. Particulars as to the tuberculosis officer in charge, the address of the dispensary and the hours of attendance are given below. Information is also given as to additional area allocated to each tuberculosis officer for visitation purposes :—

District No. 1.—Population, approx., 245,550.

(Tuberculosis Officer in Charge, WILLIAM BEARE MARTIN, M.R.C.S.(Eng.) L.R.C.P.(Lond.), D.P.H.)

	<i>Address.</i>	<i>Day and Time of Opening.</i>	<i>Additional Area for Domiciliary Visitation.</i>
*DARTFORD	... 41 Overy Street	... Monday, 1.30-3.30 p.m.	Dartford R., Crayford, Swanscombe, Bexley, Northfleet and part of Strood R.
(Tel. No. 378)		Thursday, 5.30-6.30 p.m.	
Erith	... 65 Bexley Road	... Monday, 5.0-6.0 p.m.	
		Thursday, 2.0-4.0 p.m.	
Gravesend	... 22 Cobham Street	... Wednesday, 1.0-3.0 p.m.	

District No. 2.—Population, approx., 189,800.

(Tuberculosis Officer in Charge, CHARLES ROPER, B.A.(Cam'b.), M.D., B.C., D.P.H.)

*ROCHESTER	... 13 New Road	... Friday, 9.30-10.30 a.m.	Part of Strood R., Chatham, N.E. fringe of Malling R., N.W. fringe of Hollingbourn R., W. quarter of Swale R., Queenborough and Sheppey.
(Tel. No. Chatham 2182)		Tuesday, 2.0-3.0 p.m. and 5.0-6.0 p.m.	
Gillingham	... 228 Nelson Road	... Tuesday, 9.30-10.30 a.m.	
		Friday, 2.0-3.0 p.m. and 4.0-5.0 p.m.	
Sheerness	... Granville Villa, Granville Road	Thursday, 11.0 a.m.-1.0 p.m.	

District No. 3.—Population, approx., 131,170.

(Tuberculosis Officer in Charge, HENRY LEATHAM GRABHAM, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P.(Lond.), D.P.H.)

*TONBRIDGE	... The Old Cottage	... Monday, 1.30-3.30 p.m.	Sevenoaks R., Tonbridge R., Southborough U., Cranbrook R., S. fringe of Malling R.
(Tel. No. 228)	Hospital	Thursday, 5.15-6.0 p.m.	
Sevenoaks	... Dorset House	... Tuesday, 1.30-3.30 p.m.	
Tunbridge Wells	... 34 Calverley Street	Monday, 5.0-5.45 p.m. Thursday, 1.30-3.0 p.m.	

District No. 4.—Population, approx., 150,360.

(Tuberculosis Officer in Charge, JAMES ALEXANDER ROBSON, M.D., B.Ch., B.A.O.(Belf.), D.P.H.)

*MAIDSTONE	... 4 Station Road	... Tuesday, 12.30-3.0 p.m.	Malling R. (except N.E. and S. fringes), Maidstone R., Swale R. (except W. quarter), Hollingbourn R. (except N.W. fringe).
(Tel. No. 2987)		Friday, 12.30-3.0 p.m.	
Sittingbourne	... 36 Albany Road	... Monday, 12.0 noon-2.0 p.m.	
Faversham	... 13 South Road	... Wednesday, 11.0 a.m.-1.0 p.m.	

District No. 5.—Population, approx., 186,030. (Vide note † below)

(Tuberculosis Officer in Charge, THOMAS MASSEY PEARCE, M.D.(Lond.), M.R.C.S., L.R.C.P.(Lond.), D.P.H., R.C.P.S.)

*FOLKESTONE	... 80 Dover Road	... Monday, 10.0 a.m.-12.0 noon and 2.30-6.0 p.m.	Bridge-Blean R., (part of), Elham R., part of Dover R., and Hythe, Ashford E. and W. R., Romney Marsh, New Romney and Lydd, Tenterden B. and R.
(Tel. No. 3040)			
Canterbury	... 11 Longport Street	... Friday, 10.0 a.m.-12.0 noon and 1.15-2.30 p.m.	
Dover	... 9 Eastbrook Place	... Tuesday, 10.0 a.m.-12.0 noon and 1.30-3.30 p.m.	
Ashford	... 1 Barrow Hill Place	... 1st and 3rd Wednesday, each month, 10.0 a.m. 12.0 noon, and 1.0-2.0 p.m.	

District No. 6.—Population, approx., 167,800.

(Tuberculosis Officer in Charge, CAROL C. ALEX. DE VILLIERS, M.B., B.S.(Lond.), M.R.C.S.(Eng.), L.R.C.P.(Lond.), B.A., B.Sc.)

*RAMSGATE	... Charlotte Cottage,	... Wednesday, 1.30-3.30 p.m.	Bridge-Blean R., (part of), Whitstable, Broadstairs U., Eastry R., part of Dover R., Sandwich.
(Tel. No. 640)	Market Place		
Herne Bay	... 16 High Street	... 1st and 3rd Thursday each month 1.15-3.15 p.m.	
Margate	... Eton House, St. Peter's Road	Friday, 2.0-4.0 p.m.	
Deal	... 16 Clanwilliam Road, Deal	... 2nd and 4th Thursday each month 2.0-4.0 p.m.	

District No. 7.—Population, approx., 232,890.

(Tuberculosis Officer in Charge, BASIL ALGERNON GORDON ARCHIBALD EDELSTON, M.D., Ch.B.)

*BROMLEY	... 2 Park Road	... Wednesday, 1.30-3.30 p.m.	Beckenham, Anerley, and parts of Sydenham and Upper Norwood, Chislehurst and Sidcup U. and Orpington U.
(Tel. No. 2686 Ravensbourne)		... Friday, 5.0-6.0 p.m.	
Penge	... 1 Westbury Road	... Wednesday, 5.0-6.0 p.m. Friday, 1.30-3.30 p.m.	

* Tuberculosis Officer's Head Office.

† Dr. PEARCE is also the Tuberculosis Officer for the City of Canterbury with an estimated additional population of 25,100.

There are forty-one health visitors, who devote part time to the visitation of patients at their homes, and attendance at dispensaries where necessary and their duties are also combined with those of health visiting and school nursing. The aggregate number of days per week devoted to tuberculosis work is equivalent to the time of 7·8 whole-time nurses. Local nurses attend at the Bromley, Seven-oaks and Penge dispensaries.

Medicines are supplied to dispensaries from the county dispensing station, and particulars are given on page 48.

TABLE 10.—Showing the work of the Dispensaries during the year 1935.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. NEW CASES examined during the year (excluding contacts) :—													
(a) Definitely tuberculous ...	416	328	11	16	39	48	82	55	455	376	93	71	995
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	34	38	33	45	150
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	395	488	290	269	1442
B. CONTACTS examined during the year :—													
(a) Definitely tuberculous	32	44	9	5	3	5	21	6	35	49	30	11	125
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	11	30	49	46	136
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	69	153	170	179	571
C. Cases written off the Dispensary Register as													
(a) Recovered	98	108	33	14	13	20	69	36	111	128	102	50	391
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	510	715	535	524	2284
D. Number of Persons on Dispensary Register on December 31st :—													
(a) Definitely tuberculous ...	1929	1456	89	85	266	307	412	302	2195	1763	501	387	4846
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	42	56	66	75	239

1. Number of cases on Dispensary Register on January 1st ...	5,102	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	254
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	490	4. Cases written off during the year as dead (all causes) ...	525
5. Number of attendances at the Dispensary (including Contacts) ...	22,639	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	860
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...	985 3,226	8. Number of other visits by Tuberculosis Officers to homes (including personal consultations) ...	1,434
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	10,125	10. Number of :— (a) Specimens of sputum, etc., examined ... (b) X-ray examinations made in connexion with Dispensary work ...	2,402 812
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above ...	21	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	1,995

Number of beds available for the treatment of Tuberculosis on the 31st December, in Institutions belonging to the County Council.

Name of Institution.	For Pulmonary Cases.		For Non-Pulmonary Cases.		TOTAL.
	Adults.	Children under 15	Adults.	Children under 15	
County Sanatorium, Lenham ...	165	—	—	—	165
County Convalescent Home, Cranbrook	—	—	2	24	26
Public Assistance Institutions :— ...					
County Hospital, Farnborough	14	—	—	—	14
County Hospital, Chatham ...	26	—	—	—	26
County Hospital Dartford ...	32	—	—	—	32
County Hospital, Pembury ...	10	—	—	—	10
Eastry Institution (in Shelter)	4	—	—	—	4
Lyminge Institution	6	—	—	—	6
Strood Institution	8	—	—	—	8
Malling Institution	3	—	—	—	3
Thanet Institution	5	—	—	—	5
(There is no separate accommodation at the remaining Public Assistance Institutions in the County. Accommodation is made as the occasion arises.)					

TABLE 11.—Return showing the extent of Residential Treatment and Observation during the Year 1935 in Institutions (other than Public Assistance Institutions) approved for the treatment of Tuberculosis :—

			In Institutions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31st.
Number of doubtfully tuberculous cases admitted for observation	Adults M. ...	...	1	26	27	—	—
	„ F. ...	...	4	29	30	—	3
	Children ...	...	1	19	19	—	1
	Total ...	...	6	74	76	—	4
Number of Patients suffering from Pulmonary Tuberculosis	Adult M. ...	...	267	540	459	81	267
	„ F. ...	...	156	390	327	59	160
	Children ...	...	37	37	41	3	30
	Total ...	...	460	967	827	143	457
Number of Patients suffering from non-pulmonary tuberculosis	Adult M. ...	...	35	55	44	5	41
	„ F. ...	...	36	53	49	1	39
	Children ...	...	158	117	129	3	143
	Total ...	...	229	225	222	9	223
Grand Total ...			695	1,266	1,125	152	684

Return showing the extent of Residential Treatment provided during the year in Public Assistance Institutions for persons chargeable to the County Council.

				In Institu- tions on Jan. 1st.	Admitted during the year.	Dis- charged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31st.
Number of Patients suffering from Pulmonary Tuberculosis	Adult	M.	...	28	123	65	55	31
	"	F.	...	21	112	60	47	26
	Children		...	1	2	—	1	2
	Total		...	50	237	125	103	59
Number of Patients suffering from Non- pulmonary Tuberculosis	Adult	M.	...	3	20	12	10	1
	"	F.	...	5	13	7	5	6
	Children		...	1	16	10	5	2
	Total		...	9	49	29	20	9
Grand Total				59	286	154	123	68

TABLE 12.—Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institutions.															Grand Totals	
		‡ Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Pulmonary Tuberculosis.	Class T.B. minus. †	Quiescent ...	18	11	3	25	29	9	12	5	13	2	—	3	57	45	28	130
	Not Quiescent ...	6	11	1	5	22	2	2	6	1	2	1	1	15	40	5	60	
	Died in Institution	1	1	—	1	1	—	—	—	—	—	—	—	2	2	—	4	
	Class T.B. plus * Group 1.	Quiescent ...	2	3	—	7	8	—	12	7	1	—	—	—	21	18	1	40
	Not Quiescent ...	9	11	—	18	7	—	25	15	—	5	3	1	57	36	1	94	
	Died in Institution	—	—	—	—	—	—	—	1	—	1	—	—	1	1	—	2	
	Class T.B. plus * Group 2.	Quiescent ...	7	3	—	13	13	—	7	1	—	5	2	—	32	19	—	51
	Not Quiescent ...	43	38	—	79	36	—	62	38	1	17	9	2	201	121	3	325	
	Died in Institution	17	12	1	14	4	—	5	6	—	4	3	—	40	25	1	66	
	Class T.B. plus * Group 3.	Quiescent ...	—	—	—	—	1	—	—	—	—	1	—	—	1	1	—	2
	Not Quiescent ...	14	10	—	12	8	1	7	6	—	6	1	—	39	25	1	65	
	Died in Institution	10	13	—	5	3	—	5	3	—	2	—	—	22	19	—	41	
	Non-Pulmonary Tuberculosis.	Totals (pulmonary)	127	113	5	179	132	12	137	88	16	45	19	7	488	352	40	880
Bones and Joints.		Quiescent ...	—	—	1	3	1	2	6	3	4	10	9	32	19	13	39	71
Not Quiescent ...		2	—	1	2	—	1	—	1	3	2	—	3	6	1	8	15	
Died in Institution		—	1	2	2	—	—	—	—	—	—	—	—	2	1	2	5	
Abdominal.		Quiescent ...	—	2	2	—	6	9	—	3	9	—	1	2	—	12	22	34
Not Quiescent ...		1	—	3	—	—	1	—	2	1	—	—	—	1	2	5	8	
Died in Institution		2	—	—	—	—	1	—	—	—	—	—	—	2	—	1	3	
Other Organs.		Quiescent ...	—	4	1	1	2	3	1	—	—	2	—	2	4	6	6	16
Not Quiescent ...		4	1	—	1	1	—	2	—	—	1	—	1	8	2	1	11	
Died in Institution		—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1	
Peri-pheral Glands.		Quiescent ...	—	—	6	1	—	12	1	3	17	—	—	4	2	3	39	44
Not Quiescent ...		—	1	—	—	1	—	—	—	—	—	—	—	—	2	—	—	2
Died in Institution		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals (non-pulmonary)		9	9	16	11	11	29	10	12	34	15	10	44	45	42	123	210	

† Class T.B. minus—Cases in which tubercle bacilli have never been demonstrated.

* Class T.B. plus—Cases in which tubercle bacilli have been found. (Group 1) Cases with slight constitutional disturbance, if any; (Group 3) Cases with profound systemic disturbance or constitutional deterioration with marked impairment of function, and with little or no prospect of permanent improvement; (Group 2) Other cases.

Eighty-five patients were admitted periodically to the County Sanatorium at Lenham for Artificial Pneumothorax refills, for one or two days. (Total patient days 1,034).

‡ Patients whose stay in residential institution did not exceed 28 days are not included in this table.

TABLE 13.—PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in summary form (a) the condition at the end of 1935 of all Patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the year in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

42a

Condition at the time of the last record made during the year to which the return relates					Previous to 1926					1926					1927					1928					1929					1930				
					Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
						Group 1.	Group 2.	Group 3.	Total Class T.B. plus.		Group 1.	Group 2.	Group 3.	Total Class T.B. plus.		Group 1.	Group 2.	Group 3.	Total Class T.B. plus.		Group 1.	Group 2.	Group 3.	Total Class T.B. plus.		Group 1.	Group 2.	Group 3.	Total Class T.B. plus.		Group 1.	Group 2.	Group 3.	Total Class T.B. plus.
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	Adults	M.	F.	73 42	19 10	30 5	3 1	52 16	4 9	4 3	4 5	— —	8 8	6 12	3 2	2 5	— 1	5 8	7 9	7 6	7 3	— —	14 9	15 10	6 4	9 5	— —	15 9	30 40	23 15	9 5	— —	32 20
		Children			16	1	—	—	1	15	—	—	—	—	—	10	—	—	—	—	13	—	—	—	—	15	1	2	—	3	15	—	—	—
	Disease not Arrested	Adults	M.	F.	97 59	42 15	80 30	6 1	128 46	5 4	17 3	16 7	— —	33 10	5 5	6 6	15 9	— 1	21 16	5 6	11 2	19 13	— 1	30 16	11 7	15 10	17 16	4 2	36 28	5 12	17 16	31 20	3 2	51 38
		Children			7	3	3	—	6	4	—	1	—	1	2	—	1	—	1	2	—	—	—	—	8	1	—	—	1	2	1	2	—	3
	Condition not ascertained during the year					—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	1	—	1
Total on Dispensary Register at 31st December					294	90	148	11	249	41	27	34	—	61	40	17	32	2	51	42	27	42	1	70	66	37	49	6	92	105	72	68	5	145
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	Adults	M.	F.	1,404 1,255	168 74	99 46	25 19	292 139	48 70	11 5	3 6	— —	14 11	38 49	7 2	3 4	1 —	11 6	23 25	8 10	— —	— —	8 10	24 29	5 2	3 4	— —	8 6	14 12	1 2	2 —	— —	3 2
		Children			1,253	11	4	1	16	57	—	—	—	—	34	—	—	—	—	33	—	—	—	—	26	—	—	—	—	7	—	—	—	
	Lost sight of, or otherwise removed from Dispensary Register				2,124	228	392	100	720	188	48	68	9	125	181	41	51	5	97	125	31	50	6	87	151	40	73	15	128	120	42	61	6	109
	Dead	Adults	M.	F.	1,420 936	257 120	914 459	1,252 698	2,423 1,277	23 47	51 28	116 77	81 54	248 159	32 23	57 44	108 84	55 52	220 180	37 36	52 49	112 84	39 31	203 164	37 36	72 44	151 93	50 29	273 166	31 35	44 32	123 108	48 37	215 177
		Children			150	14	17	23	54	9	3	3	1	7	10	5	2	2	9	7	3	4	—	7	2	1	3	2	6	7	1	2	3	6
Total written off Dispensary Register					8,542	872	1,931	2,118	4,921	442	146	273	145	564	367	156	252	115	523	286	153	250	76	479	305	164	327	96	587	226	122	296	94	512
GRAND TOTALS ...					8,836	962	2,079	2,129	5,170	483	173	307	145	625	407	173	284	117	574	328	180	292	77	549	371	201	376	102	679	331	194	364	99	657
					1931					1932					1933					1934					1935					TOTALS.				
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	Adults	M.	F.	45 58	17 9	8 10	— —	25 19	26 35	20 4	4 8	— —	24 12	15 19	4 3	6 2	— —	10 5	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	406 340	
		Children			27	—	—	—	—	13	1	—	—	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	134	
	Disease not Arrested	Adults	M.	F.	12 25	35 14	29 26	5 2	69 42	24 45	40 29	53 36	6 4	99 69	46 58	41 19	98 52	11 8	150 79	94 93	64 45	124 52	9 8	197 105	100 114	74 54	140 89	27 19	241 162	1,459 1,039				
		Children			7	1	1	—	2	14	3	2	—	5	19	4	1	—	5	40	1	1	—	2	37	—	—	1	1	169				
	Condition not ascertained during the year					—	1	—	—	1	1	—	1	—	1	3	—	—	—	—	1	1	—	—	1	—	—	—	—	—	12			
Total on Dispensary Register at 31st December					174	77	74	7	158	158	97	104	10	211	165	71	159	19	249	228	111	177	17	305	251	128	229	47	404	3,559				
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	Adults	M.	F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1,887 1,614	
		Children			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,426		
	Lost sight of, or otherwise removed from Dispensary Register				142	39	57	21	117	89	24	60	14	98	65	27	42	15	84	45	18	40	12	70	49	11	24	10	45	4,959				
	Dead	Adults	M.	F.	28 28	52 24	121 75	39 49	212 148	15 30	32 23	130 79	34 38	196 140	22 21	21 12	106 81	48 33	175 126	21 12	12 8	74 51	38 22	124 81	12 17	5 3	31 17	20 18	56 38	6,023 3,877				
		Children			2	3	3	—	6	3	2	1	2	5	4	2	3	2	7	4	—	2	—	2	1	—	—	—	—	308				
Total written off Dispensary Register					200	118	256	109	483	137	81	270	88	439	112	62	232	98	392	82	38	167	72	277	79	19	72	48	139	20,094				
GRAND TOTALS ...					374	195	330	116	641	295	178	374	98	650	277	133	391	117	641	310	149	344	89	582	330	147	301	95	543	23,653				

TABLE 13a. NON-PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in Summary form (a) the condition at the end of 1935 of all Patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register. 42b

Condition at the time of the last record made during the year to which the return relates				Previous to 1926					1926					1927					1928					1929					1930					
				Bones and Joints.	Abdo-minal.	Other Or-gans.	Peri-pher-al Glands	Total.	Bones and Joints.	Abdo-minal.	Other Or-gans.	Peri-pher-al Glands	Total.	Bones and Joints.	Abdo-minal.	Other Or-gans.	Peri-pher-al Glands	Total.	Bones and Joints.	Abdo-minal.	Other Or-gans.	Peri-pher-al Glands	Total.	Bones and Joints.	Abdo-minal.	Other Or-gans.	Peri-pher-al Glands	Total.	Bones and Joints.	Abdo-minal.	Other Or-gans.	Peri-pher-al Glands	Total.	
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	Adults	M. F.	14 8	2 1	3 7	2 —	21 16	1 —	— —	— 1	— —	1 1	1 —	— —	2 1	— 1	3 2	2 4	— 1	— —	1 1	3 6	3 1	— 1	— 3	— 1	3 6	5 3	— 1	4 —	— 1	9 5	
		Children		13	1	—	6	20	7	6	—	2	15	7	1	1	3	12	11	6	—	5	22	11	2	—	12	25	7	8	—	13	28	
	Disease not Arrested	Adults	M. F.	11 7	1 4	4 17	3 9	19 37	2 1	— 2	1 3	— 1	3 7	6 4	— —	2 1	— 1	8 6	3 2	— —	2 —	— 4	3 4	4 1	— 1	— 3	— 5	6 1	2 —	5 1	3 1	16 3		
		Children		11	3	4	1	19	3	—	2	—	5	11	—	1	3	15	9	2	1	4	16	18	4	—	4	26	22	2	1	11	36	
	Condition not ascertained during the year				—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Total on Dispensary Register at 31st December				64	12	35	21	132	14	8	7	3	32	29	1	8	8	46	31	9	3	11	54	38	8	6	18	70	44	13	11	29	97
Transferred to Pulmonary				13	11	2	11	37	2	1	—	3	6	4	3	—	3	10	2	1	—	2	5	—	1	—	—	1	2	1	1	—	4	
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	Adults	M. F.	120 104	12 36	38 29	57 100	227 269	16 9	1 5	3 2	5 4	25 20	4 4	— 2	3 1	2 8	9 15	1 6	1 4	2 —	2 3	6 13	— 3	1 3	1 —	2 1	4 7	1 2	3 1	2 3	1 6	7 12	
		Children		282	228	54	1,400	1,964	22	46	2	94	164	27	36	2	66	131	16	32	3	47	98	15	20	2	45	82	3	16	2	22	43	
	Lost sight of, or otherwise removed from Dispensary Register				266	104	66	347	783	39	12	6	44	101	44	32	11	29	116	40	21	9	23	93	36	14	9	28	87	25	13	10	26	74
	Dead	Adults	M. F.	64 34	11 14	28 11	11 11	114 70	7 4	1 3	4 1	— 2	12 10	4 2	— 1	2 —	— —	6 3	4 2	2 —	1 1	— 4	7 4	2 3	2 1	1 1	— 6	7 2	3 3	1 1	— —	11 6		
		Children		47	43	36	29	155	7	3	—	4	14	3	4	1	1	9	7	4	—	2	13	7	4	1	1	13	1	3	—	4	8	
	Total written off Dispensary Register				917	448	262	1,955	3,582	104	71	18	153	346	88	75	20	106	289	76	64	16	78	234	66	45	15	78	204	41	42	19	59	161
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary).				981	460	297	1,976	3,714	118	79	25	156	378	117	76	28	114	335	107	73	19	89	288	104	53	21	96	274	85	55	30	88	258	
				1931					1932					1933					1934					1935					TOTALS.					
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	Adults	M. F.	4 4	— 3	— —	1 2	5 9	5 2	— 5	1 3	1 1	7 11	2 2	1 1	— 1	— 2	3 6	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	55 62					
		Children		9	10	—	19	38	2	13	2	20	37	4	10	—	19	33	2	2	—	3	7	—	—	—	—	—	237					
	Disease not Arrested	Adults	M. F.	2 3	1 1	3 1	1 —	7 5	5 7	2 2	2 5	1 2	10 16	7 10	3 5	3 3	4 6	17 24	19 14	2 16	11 8	5 10	37 48	11 13	6 8	11 8	5 15	33 44	158 199					
		Children		23	4	3	13	43	21	7	5	30	63	25	16	1	35	77	30	26	1	65	122	29	45	2	74	150	572					
	Condition not ascertained during the year				—	—	—	1	1	—	—	—	—	—	—	1	—	1	—	—	1	—	1	2	—	—	—	—	—	4				
Total on Dispensary Register at 31st December				45	19	7	37	108	42	29	18	55	144	50	36	9	66	161	65	47	20	84	216	53	59	21	94	227	1,287					
Transferred to Pulmonary				2	—	—	3	5	1	2	—	2	5	—	—	1	—	1	—	—	—	—	1	1	—	—	—	—	—	75				
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	Adults	M. F.	3 —	1 3	— —	2 2	6 5	— —	— 3	— —	— 2	— 5	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	284 346					
		Children		2	5	1	23	31	1	5	—	9	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,528					
	Lost sight of, or otherwise removed from Dispensary Register				22	12	5	18	57	28	10	6	20	64	15	2	3	26	46	7	12	5	17	41	6	5	1	13	25	1,487				
	Dead	Adults	M. F.	4 6	3 —	1 1	— 2	8 9	5 —	2 2	4 —	1 —	12 2	2 1	1 —	1 —	— 1	4 1	— 1	3 1	— 1	— 3	3 3	1 2	2 —	2 —	— 5	2 2	187 116					
		Children		4	3	—	3	10	6	4	—	—	10	2	2	—	2	6	2	2	1	—	5	2	—	—	1	3	246					
	Total written off Dispensary Register				41	27	8	50	126	40	26	10	32	108	20	5	4	28	57	10	18	7	17	52	11	7	3	14	35	5,194				
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary).				86	46	15	87	234	82	55	28	87	252	70	41	13	94	218	75	65	27	101	268	64	66	24	108	262	6,481					

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	6	3	1	5	1	2	1	—	1	—	—	1	12	4	5
Non-tuberculous ...	3	4	1	4	14	2	—	1	2	2	2	8	9	21	13
Doubtful ...	2	—	—	4	4	1	—	1	—	—	—	—	6	5	1
Totals ...	11	7	2	13	19	5	1	2	3	2	2	9	27	30	19

(NOTE.—Only those cases diagnosed as tuberculous are included in Tables 11 & 14).

TREATMENT IN INSTITUTIONS.—The table facing page 44 gives a list of residential institutions and shows the number of Kent patients admitted to, and discharged from, those institutions during the year. The number of beds normally available for Kent patients is shown in brackets against the names of the various institutions. In cases where no such figure is given, accommodation is only obtained as required. Every effort is made to ensure that the accommodation in the county sanatorium at Lenham (*vide* p. 48) shall be reserved chiefly for patients suffering from the disease (phthisis) in its early stages. The table is set out under headings which show the type of case for which the beds are used.

There has been a further increase in the accommodation available in residential institutions under the county scheme, and the number of beds in use at the end of the year was 684 (including 4 cases under observation).

It will be seen that 1,881 patients received residential treatment during the year, including 201 children admitted to special institutions for children, 450 patients admitted to various hospitals, 982 to sanatoria and 248 to surgical institutions.

The average duration of treatment of patients suffering from pulmonary tuberculosis was 162 days for males and 147 days for females. In cases of non-pulmonary tuberculosis, the figures were 473 days for males and 292 days for females. These figures include those patients who left institutions before completion of treatment, and against medical advice, on account of domestic or financial troubles, and also those discharged, after a short stay, for disciplinary reasons, or as being unsuitable for treatment.

At the end of 1935 the state of the waiting list was as follows :—

For Sanatoria	...	...	Men	14	Women	18	Children	1	Total	33
For Hospitals	...	...	„	29	„	15	„	1	„	45
For Surgical Institutions			„	2	„	2	„	8	„	12
Total number on waiting list						...	...	...	...	90

The following general hospitals in Kent have applied to, and been approved by, the Minister of Health for the treatment of cases of pulmonary tuberculosis :—Gravesend, Canterbury, Folkestone, Margate, Tunbridge Wells and St. Bartholomew's Hospital, Rochester. Particulars of any tuberculous patients from the county area who present themselves direct at these hospitals, are submitted to the nearest tuberculosis officer, so that the patient may be dealt with under the county scheme.

The large majority of adult patients suffering from tuberculosis of bones and joints, as well as other cases of surgical tuberculosis, are admitted for treatment at the Royal Sea Bathing Hospital, Margate. Other institutions used for this purpose will be seen from Table 14.

Reference is made on page 77 to the county orthopædic scheme which came into operation early in 1927. So far as tuberculosis is concerned a minimum of forty-eight beds is provided for under these arrangements at the Alexandra Hospital, Swanley, for children suffering from tuberculosis of the bones and joints.

SPECIAL METHODS OF DIAGNOSIS AND TREATMENT.—The arrangements made with various hospitals throughout the county and in London for the X-ray examination of patients, where needed, in order to assist diagnosis, have been continued. Eight hundred and twenty-seven such examinations were carried out during the year in connection with the county tuberculosis scheme.

Facilities are also available at a number of hospitals for the treatment, by Finsen Light, etc., of lupus and tuberculous skin diseases. Seventy-two patients received this form of treatment during the year.

Special arrangements were made in several of these cases for the patients to be "boarded out" near the hospital in London, as it was impossible for them to travel from their homes each day for treatment. In certain other cases where daily treatment was necessary the County Council provided railway season tickets.

One hundred and ninety-seven patients received artificial pneumo-thorax treatment (refills) during the year, and assistance was given in several of these cases towards the cost of travelling expenses.

Payment has also been made in respect of certain patients attending general hospitals as out-patients for special dressings, and massage and electrical treatment.

Specimens of sputum are examined in all cases where possible and the following table shows the result of such bacteriological work during the past fifteen years :

Year	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
No. of Specimens of Sputum examined	2,571	2,958	3,315	3,501	3,532	3,625	3,737	4,167	4,513	4,775	5,222	5,595	6,015	5,905	5,584
Percentage positive i.e., Tubercle Bacilli present ...	25	27	26	24	28	27	28	26	25	24	24	24	24	23	25

DENTAL TREATMENT.—Seventy-one patients received dental treatment (ranging from a single extraction to total extractions and provision of complete dentures) under the county tuberculosis scheme during the year, at a total cost of a little under £200. Such treatment is only given where, in the opinion of the tuberculosis officer, it is necessary for the proper treatment of the disease, and where the patient has not the means to meet the cost of such treatment.

TABLE 14.—Showing numbers of patients who were treated at various Institutions during 1935

44a

INSTITUTION.	Receiving Treat- ment 1st Jan.				Admitted during the year.				Discharged during the year.				Died in Institution.				Receiving Treat- ment 31st Dec.				Patients who re- ceived Institu- tional Treatment during the year.			
	Adults		Children		Adults		Children		Adults		Children		Adults		Children		Adults		Children		Adults		Children	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
SANATORIA—																								
Burrow Hill Colony, Frimley ...	1	—	—	—	3	—	1	—	2	—	1	—	—	—	—	—	2	—	—	—	4	—	1	—
Cotswold Sanatorium, Cranham ...	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
County Sanatorium, Lenham (165) ...	83	55	4	12	143	117	5	10	141	110	7	13	2	1	—	1	83	61	2	8	226	172	9	22
East Anglian Sanatorium, Nayland ...	—	—	2	1	—	—	2	—	—	—	3	1	—	—	—	—	—	—	1	—	—	—	4	1
Frimley Sanatorium, Surrey ...	1	—	—	—	2	1	—	—	2	—	—	—	—	—	—	—	1	1	—	—	3	1	—	—
Grosvenor Sanatorium, near Ashford ...	40	32	—	—	127	88	—	—	110	74	—	—	11	9	—	—	46	37	—	—	167	120	—	—
Holy Cross Sanatorium, Haslemere ...	—	1	—	7	—	—	4	—	—	—	5	—	—	1	—	—	—	—	—	6	—	1	—	11
King George's Sanatorium, Bramshott ...	2	—	—	—	7	—	—	—	4	—	—	—	2	—	—	—	3	—	—	—	9	—	—	—
Midhurst Sanatorium, Sussex ...	2	3	—	—	1	2	—	—	2	3	—	—	—	—	—	—	1	2	—	—	3	5	—	—
National Sanatorium, Benenden ...	2	—	—	—	10	3	—	—	4	1	—	—	—	—	—	—	8	2	—	—	12	3	—	—
Old Manor House, Broadstairs ...	—	12	—	—	—	21	—	—	—	26	—	—	—	—	—	—	—	7	—	—	—	33	—	—
Papworth Hall, Cambridge ...	1	2	—	—	—	1	—	—	1	2	—	—	—	—	—	—	—	1	—	—	1	3	—	—
Preston Hall, Aylesford ...	86	—	—	—	79	—	—	—	76	—	—	—	19	—	—	—	70	—	—	—	165	—	—	—
Royal National Sanatorium, Bournemouth ...	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Royal National Sanatorium, Ventnor ...	—	1	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	1	—	—	1	2	—	—
HOSPITALS—																								
Brompton Hospital, S.W. ...	1	1	—	—	6	7	—	—	4	5	—	—	2	1	—	—	1	2	—	—	7	8	—	—
Charing Cross Hospital, W.C. ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
City of London Chest Hospital, Victoria Park, E.	—	—	—	—	5	8	—	—	4	6	—	—	—	—	—	—	1	2	—	—	5	8	—	—
County Hospital, Chatham ...	3	8	1	1	28	22	1	1	16	14	1	—	10	12	—	1	5	4	1	1	31	30	2	2
County Hospital, Farnborough ...	—	—	—	—	6	3	—	—	3	—	—	—	—	3	—	—	3	—	—	—	6	3	—	—
County Hospital, Dartford ...	1	1	—	—	6	2	—	1	3	2	—	1	4	1	—	—	—	—	—	—	7	3	—	1
Eversfield Chest Hospital, St. Leonards ...	10	6	—	—	31	15	—	—	22	11	—	—	6	1	—	—	13	9	—	—	41	21	—	—
Grove Park Hospital, S.E. ...	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
Isolation Hospital, Dover ...	9	—	—	—	21	—	—	—	18	—	—	—	3	—	—	—	9	—	—	—	30	—	—	—
† Keycol Hill Sanatorium, near Sittingbourne (47)	25	22	—	1	78	75	—	1	53	54	—	—	25	25	—	—	25	18	—	2	103	97	—	2
Lewisham Hospital, S.E. ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Nursing Home, St. Leonards ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
Oak Lane Hospital, Sevenoaks ...	—	12	—	—	—	19	—	—	—	14	—	—	—	5	—	—	—	12	—	—	—	31	—	—
* St. Anthony's Hospital, Cheam ...	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	2	—	—
St. George's Home, Chelsea ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
St. Luke's Hospital, Chelsea ...	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
* University College Hospital, W.C. ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Westminster Hospital, S.W. ...	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—
INSTITUTIONS FOR CHILDREN—																								
* Alexandra Hospital, Swanley ...	1	—	42	21	—	—	9	7	—	—	14	4	—	—	—	—	1	—	37	24	1	—	51	28
* Bruce Porter Home, Folkestone ...	—	—	3	2	—	—	—	1	—	—	2	1	—	—	—	—	—	—	1	2	—	—	3	3
* Children's Hip Hospital, Sevenoaks ...	—	1	23	10	—	—	7	4	—	1	9	2	—	—	—	—	—	—	21	12	—	1	30	14
Church Army Sanatorium, Farnham ...	—	—	8	—	—	—	7	—	—	5	—	—	—	—	1	—	—	—	9	—	—	—	15	—
* Holy Cross Convent Hospital, Ramsgate ...	—	—	7	—	—	—	18	—	—	16	—	—	—	—	—	—	—	—	9	—	—	—	25	—
Holy Cross Convent Hospital, Broadstairs ...	—	—	—	5	—	—	—	3	—	—	5	—	—	—	—	—	—	—	—	3	—	—	—	8
* Lord Mayor Treloar's Cripples' Hospital, Alton ...	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
* St. Mary's Convalescent Home, Broadstairs ...	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
* St. Nicholas Hospital, near Birchington ...	—	—	2	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	2	1
* Victoria Home, Margate ...	—	—	3	5	—	—	2	7	—	—	4	10	—	—	—	—	—	—	1	2	—	—	5	12
INSTITUTIONS FOR TREATMENT OF NON-PULMONARY TUBERCULOSIS—																								
All Saints' Convalescent Home, Eastbourne ...	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Atkinson Morley Convalescent Home, S.W. ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
County Convalescent Home, Cranbrook (26) ...	—	2	12	9	2	—	26	18	—	2	25	16	—	—	—	—	2	—	13	11	2	2	38	27
Kent and Canterbury Hospital ...	—	—	—	1	—	—	5	3	—	—	4	4	—	—	1	—	—	—	—	—	—	—	5	4
King's College Hospital, S.E. ...	1	—	—	—	4	1	—	—	5	1	—	—	—	—	—	—	—	—	—	—	5	1	—	—
Leysin, Switzerland ...	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
London Hospital, E. ...	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	2	—	—
* Metropolitan Hospital, London ...	—	—	—	1	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Royal National Orthopaedic Hospital, W.C. ...	—	—	3	—	4	—	1	—	2	—	3	—	—	—	—	—	2	—	1	—	4	—	4	—
Royal Sea Bathing Hospital, Margate ...	32	26	2	3	23	31	4	2	24	24	2	3	1	1	2	—	30	32	2	2	55	57	6	5
Royal Victoria Hospital, Folkestone ...	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Royal Victoria Hospital, Dover ...	—	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—
St. Bartholomew's Hospital, Rochester ...	—	—	—	—	1	2	—	1	—	2	—	1	—	—	—	—	1	—	—	—	1	2	—	1
St. George's Hospital, S.W. ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
St. Vincent's Hospital, Pinner ...	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	2	—
Tait Convalescent Home, Broadstairs ...	—	4	—	—	—	11	—	—	—	11	—	—	—	—	—	—	—	4	—	—	—	15	—	—
TOTALS ...	302	192	115	80	595	443	91	63	503	376	102	68	86	60	4	2	308	199	100	73	897	635	206	143
	689				1,192				1,049				152				680				1,881			
Canterbury City Cases under treatment at Lenham (County) Sanatorium ...	2	5	—	—	7	6	—	—	4	6	—	—	—	—	—	—	5	5	—	—	9	11	—	—

The figures in brackets against the names of certain Institutions show the numbers of beds normally available for Kent patients by arrangements.

† Advanced Cases. * Non-Pulmonary Cases. 49 Patients were under observation and diagnosed at the County Sanatorium during the year; this figure includes 2 Patients from Canterbury City.

ANCILLARY NOURISHMENT.—Ancillary nourishment is provided on the recommendation of the district tuberculosis officers, and careful enquiry is made into the financial circumstances of every applicant for this benefit. The tuberculosis officers do their best to ensure that all articles of food supplied are consumed by the patient, the assistance of the medical practitioner in this connexion proving of great value. The nurses and voluntary workers are also helpful in this work.

There are three scales of nourishment in general use, viz., A, B and C, and the following table shows the number of orders issued during the year under each scale :—

" A " (one pint of milk per day)	25
" B " (one pint of milk and one egg per day)	818
" C " (one pint of milk and one egg per day, and half a pound of butter per week)	416
Special (two pints of milk per day)	32
	<hr/> 1,291 <hr/>

All orders issued are for ninety-one days' supply, if required.

SURGICAL APPLIANCES.—The County Council provides surgical appliances on the recommendation of the tuberculosis officers in cases where the financial circumstances of the patient are insufficient to meet the cost. In a few instances, patients or their relatives make some contribution towards the cost of the apparatus.

The following appliances or apparatus were provided during 1935 :—

Belt (thorocoplastic)	1	Pattens	3
„ (abdominal)	1	Splints	4
Boots, surgical	18 prs.	Supports, Gauvain's	1
Brace, Gauvain's	2	„ Patten	1
Calipers	3	Urinal, rubber	2
Crutches	5 prs.	Jackets, spinal	13
Leg, artificial	1	Wedges	1 pr.

The cost of repairs and alterations to various surgical appliances was also met by the County Council.

OPEN-AIR SHELTERS.—No new shelters were purchased during 1935. Ninety-five shelters are now in use throughout the county, and they continue to be much appreciated. These shelters are loaned to the patients on the recommendation of the tuberculosis officers and they were used during the year by 128 patients.

Many of these shelters have now been in use for a considerable number of years, and some have been found to be beyond repair and have been condemned.

I wish to thank medical officers of health and sanitary inspectors throughout the county for much valuable help in connexion with the disinfection of the shelters before removal, and also for their assistance in connexion with various repairs.

HOME NURSING.—The present limited nursing staff does not permit of the home nursing of tuberculous patients being undertaken. In a few special cases the dispensary nurse may attend at the home of the patient daily for carrying out dressings, etc. In a few other special cases the local nursing associations have undertaken home nursing. Otherwise, in this direction, nothing else has been undertaken under the county scheme.

AFTER-CARE.—The scheme of after-care in the County of Kent is undertaken by the Kent Council of Social Service, and my Annual Report for 1927 gave details of the initial organization.

The following is a report issued by the Kent Council of Social Service on the after-care organisation, and work carried out during the year ended 31st March, 1936 :—

District Organisation.—Decentralisation in the *Bromley* area has been carried a step further and a committee has just been set up in Orpington, to assist Mrs. Henderson, the liaison officer. The Bromley urban area is still without a liaison officer. A separate officer for Beckenham has not yet been found.

After three inaugural meetings, a committee was formed in *Erith* to assist Miss Goudie, who was willing to undertake the work, provided sufficient help was forthcoming; in *Tonbridge*, Mrs. Meyrick is receiving good support from the Committee formed there under the Chairmanship of Captain G. C. Woodward, R.N.; the *Tunbridge Wells* Council of Service have formed a committee to deal entirely with tuberculosis care work.

There are now seventeen districts where the liaison officer has the help of a Committee.

The Lenham Correspondent continues to do very valuable work at the County Sanatorium.

Occupation and Employment.—Goods made by tuberculous patients were again shown at the County Fair and Agricultural Shows, and patients' handiwork to the value of £43 7s. 0d. was sold.

Suitable patients continue to do woodwork at Lenham, and the goods made there are disposed of in the same manner as the work done by the patients at home. A glove-making class was arranged.

Arrangements have been made for four patients to attend Schools of Art.

Bromley Handicraft Centre.—Fourteen patients were interviewed at the dispensary, and as a result it was decided to arrange a weekly handicraft class as an experiment. The patients were especially selected by the tuberculosis officer as likely to derive benefit by this type of occupation. A qualified teacher has been engaged and the classes will start as soon as final arrangements are completed. Estimated cost about £35 0s. 0d. per annum.

Patients' work will be disposed of at the Summer shows, and it may be also found possible for the work from the Bromley Centre to be included in some of the London Exhibitions. Mrs. Lee, who is used to organising these classes, has most kindly undertaken to buy material and keep the records.

Conference of Health Helpers.—The fifth Conference of Health Helpers was held at Bexleyheath in June, and was well attended; further conferences will be arranged during the coming year.

Case Aid.—The third Christmas Seal Sale was arranged in 1935, Lord Harris again acting as President. Eighteen districts took part and a larger Mail Sale was organised, resulting in a total profit of £984 0s. 0d. As in the previous year, 60% of the total amount raised in each district was returned to that district, leaving the sum of £396 0s. 0d. for transfer to the central case fund.

In connection with the latter, the two beds for girls at St. Gabriel's Convalescent Home, Westgate on Sea, and the two beds for boys at Holy Cross Convalescent Home and Open Air School, Ramsgate, have been continually occupied, and will be continued. The arrangements were extended to include the two latter with the profits of the 1934 Christmas Seal Sale.

After allotting a sufficient sum to meet the demands of general case work, the balance of funds available will be utilised in assisting tuberculous families who are unsuitably housed, to pay a higher rent when this is the factor which prevents a better house being obtained.

The fund continues to be administered by the Weekly Case Sub-Committee under the Chairmanship of Dr. A. S. Ransome.

General Policy. It is proposed during the coming year to concentrate on obtaining a full measure of co-operation between the liaison officers and tuberculosis officers, in order to avoid any possible chance of over-lapping.

Owing to the development of our work a County Tuberculosis Care Committee, dealing only with tuberculosis care work has been set up. Hitherto this has been the responsibility of the Health and Personal Service Committee of the Kent Council of Social Service. It has been increasingly felt that the work has now developed to such an extent that the advice of experts in tuberculosis care work is necessary.

The Committee includes Dr. McDougall, (Medical Superintendent of Preston Hall), Dr. F. J. Pierce (Medical Superintendent of Lenham Sanatorium), Dr. J. A. Milne (Medical Superintendent of Grosvenor Sanatorium), Representatives of the County Public Assistance Committee and the Staff of the County Medical Officer of Health, a Tuberculosis Officer and others, under the Chairmanship of Colonel A. S. Barham, C.M.G.

It is felt that wider questions of policy can be considered by those who are in a position to know the needs of the patients and of the service as a whole.

Clothing, Convalescent Home Letters and Surgical Aid Letters, still continue to be collected.

Analysis of cases dealt with during the year :—

Type of help.	Total number of cases.	Needed help given.	Help at present unobtainable.	Application		Percentage of cases successfully dealt with (excluding applications withdrawn and those under investigation).
				with-drawn.	still under investigation.	
Employment ...	77	26	3	—	48	89%
Housing ...	52	10	4	—	38	71%
Training ...	8	5	2	—	1	71%
Nourishment ...	117	112	—	1	4	100%
Care of Children	15	8	—	4	3	100%
Convalescence ...	47	39	1	1	6	97%
Clothes ...	48	47	—	—	1	100%
Surgical ...	14	9	—	—	5	100%
Supervision ...	124	112	2	—	10	98%
Financial ...	49	40	1	2	6	97%
General ...	82	57	2	1	22	96%
Totals ...	633	465	15	9	144	96%

Cases referred by tuberculosis officers for the first time during the year	...	...	317
Cases referred in previous years on which further action has been taken	...	...	285
Cases unclassified	...	...	75

(NOTE.—The totals are somewhat greater than the total number of individual patients dealt with because in some cases a patient needs more than one form of help).

TUBERCULOUS EX-SERVICE MEN.—The following certificates and reports were issued during the year by the tuberculosis officers on behalf of the Ministry of Pensions :—

1.—Certificates on M.P.M.S.D. 81 (Revised) on admission of certain ex-service men to residential treatment or to dispensary treatment	...	...	...	...	28
2.—Certificates on M.P.M.S.D. 81A where the Tuberculosis Officer considers that treatment allowances may be payable by the Ministry of Pensions in respect of general practitioner treatment or in respect of dispensary treatment or certificates called for by the Ministry of Pensions on M.P.M.S.D. 81B	...	...	...	...	—
3.—Reports called for by the Deputy Commissioner of Medical Services on a case appearing before a Medical Board (M.P.M.S.D. 122)	...	...	...	...	6
4.—Reports on a case of a man in receipt of special rates of pension on account of pulmonary tuberculosis (M.P.A. 36T.O.)	...	...	...	...	—

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925 AND SECTION 62 OF THE PUBLIC HEALTH ACT, 1925.—No action was taken during 1934. Early in 1926, the County Council applied to the Ministry of Health to be declared an authority to execute and enforce the Prevention of Tuberculosis Regulations, and this was granted by Order No. 70909, dated 9th June, 1926.

COUNTY DISPENSING STATION.—Particulars of medicines supplied for the use of the tuberculosis service during the last financial year are as follows :—

	Bottles of Medicine (including Cod Liver Oil Preparations).	Lozenges and Pastilles.	Ointments.	Surgical Dressings.	Bandages.	Pills, Capsules, etc.
1935-6.		lbs.	Boxes.	lbs.	No.	No.
To Dispensaries	39,524	46	168	79	60	43,000
To Lenham Sanatorium	4,986	126	112	1,482	1,464	21,216
To Cranbrook Convalescent Home	... 20	—	56	147	72	1,000

This statement does not include such items as clinical thermometers, inhalers, acids, spirits, etc., or disinfectants, etc., supplied in bulk.

LENHAM SANATORIUM.

ACCOMMODATION.—165 Beds. 90 Male. 75 Female.

The staff consists of Medical Superintendent, Assistant Medical Officer, Matron, Chaplains, two engineers, two clerks, six sisters, sixteen nurses, one cook, one storekeeper, twenty domestics (eight male and twelve female), two laundry maids, two stokers, four porters, one maintenance officer and two assistants, one bailiff, one laundry man and two gardeners.

Dr. Pierce, Medical Superintendent, reports as follows :—

“ There were 317 patients discharged during the year, (167 males and 150 females). These figures include forty-seven patients admitted for observation with a view to diagnosis, sixteen of whom proved to be tuberculous and were recommended to continue in the sanatorium for treatment.

During the year there were three deaths from pulmonary tuberculosis (one male and two females) and in addition one adult male, who was non-tuberculous.

The average length of stay for males was 202 days and for females 176 days. There were thirty-one less discharges as compared with the previous year. This is due largely to the number of moderately advanced cases admitted or to cases of acute disease which are mostly in the B2 group, the latter being more suitable for hospital treatment. Of the former, some have improved sufficiently to be fit for light work while others have remained stationary after periods of from three to six months' treatment. In recent years there has been a tendency for patients who are not fit for work to remain in the sanatorium if there is a prospect of them being at some time able to return to work. As mentioned in a previous report, industrial conditions are to some extent responsible for this attitude. Seventy-nine per cent. of the male patients had been in regular employment previous to admission.

On admission, ninety-three patients gave a family history of tuberculosis :—

TABLE SHOWING FAMILY HISTORY—

Relatives died from, or still affected with, Pulmonary Tuberculosis :—

						Males.	Females.
Mother	...	...	...	...	...	6	11
Father	...	...	...	...	...	8	15
Brothers and Sisters	...	...	...	...	...	12	20
Wife	...	...	...	...	...	3	—
Husband	...	...	...	...	...	—	4
Others	...	...	...	...	...	9	5

COLLAPSE THERAPY—

Fifty pneumothorax inductions (or 17·4%) were undertaken during the year (28 males and 22 females). Of this number eleven were unsuccessful or abandoned after a short interval.

On the 31st December, 1935, twenty-one patients in the sanatorium were undergoing this special form of treatment and, in addition, forty-four out-patients were attending for refills (23 males and 21 females).

1,371 refills were given to in-patients and 1,102 to out-patients, making a total of 2,473 for the year, an increase of 436 over the previous year.

A large number of patients were recommended on discharge to attend at one or other of the London hospitals for refills. Such recommendations are made on account of the shorter journey involved.

AUROTHERAPY—

Treatment by the injection of Gold Salts is continued in selected cases. Forty-seven cases (28 males and 19 females) under treatment in the sanatorium were recommended for aurotherapy.

RADIOGRAPHY—

435 radiographs of in-patients were taken during the year. All patients are radiographed within a few days from the date of admission and in special cases one or more films are taken of the same patient before his or her discharge. In addition, 2,752 X-ray screenings were undertaken mostly in connection with pneumothorax work.

135 cases attended the sanatorium, on the recommendation of the tuberculosis officers, for special radiographs (61 males and 74 females) an increase of twelve over the previous year.

Eight patients (4 males and 4 females) were transferred to hospital for special surgical treatment.

Dental treatment was recommended in sixteen cases (11 males and 5 females).

VARIOUS—

No changes have taken place in the routine of the sanatorium. As in former years, occupational therapy, which consists of light gardening for men and domestic duties for women, is employed.

In most instances patients are under treatment for several weeks before occupational therapy is prescribed. Walking exercise up to one or one and a quarter hours must have been reached before work of any kind is considered.

Certain articles made in the workshop by patients have proved a source of income to the Patients Aid Fund. The sale of these articles is kindly arranged by the Tuberculosis Care Committee of the Council of Social Service.

Work on the new male recreation room and entertainment hall commenced during the year. This building will add greatly to the comfort of the patients.

A new Decoudin ironing and finishing machine has been erected in the laundry.

Books received from the County Library and other gifts from anonymous donors are gratefully acknowledged.

STATISTICS—

The following is a short summary of the classification used in the tables which follow :—

Class " A " Cases in which tubercle bacilli have never been demonstrated in the sputum.

Class " B " Cases in which tubercle bacilli have at any time been found.

Group 1. Cases with slight constitutional disturbance, if any, *e.g.*, there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration ; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows :—either present in one lobe only and in the case of an apical lesion in one upper lobe not extending below the second rib in front or not exceeding an equivalent area in any one lobe ; or where these physical signs are present in more than one lobe they should be limited to the apices of the upper lobes and should not extend below the clavicle in front or the spine of the scapula behind.

Group 3. Cases with profound systemic disturbances or constitutional deterioration ; with marked impairment of function, either local or general, and with little or no prospect of recovery.

Group 2. All cases which cannot be placed in Groups 1 and 3.

Classification of cases discharged from Sanatorium and results of treatment.

TABLE " A "

Classification on admission to Institution.		Condition of lungs on discharge.	Duration of Treatment in the Institution.																Totals.
			Under 3 months.				3-6 months.				6-12 months.				More than 12 months.				
					Ch.				Ch.				Ch.				Ch.		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Pulmonary Tuberculosis.	Class A.	Quiescent ...	11	7	—	1	11	15	3	3	5	6	2	7	1	—	—	—	72
		Not Quiescent ...	6	2	2	—	6	11	—	—	4	8	1	—	3	4	—	—	47
		Died ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
	Class B. Group 1.	Quiescent ...	—	1	—	—	6	4	—	—	7	3	—	—	—	—	—	—	21
		Not Quiescent ...	3	5	—	—	10	2	—	—	15	9	—	—	4	—	—	—	48
		Died ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class B. Group 2.	Quiescent ...	1	—	—	—	2	5	—	—	4	—	—	—	1	—	—	—	13
		Not Quiescent ...	5	6	—	—	9	9	—	—	25	12	—	3	5	1	—	—	77
		Died ...	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	2
	Class B. Group 3.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not Quiescent ...	1	—	—	—	—	1	1	—	—	1	—	—	—	1	—	—	5
		Died ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Observation for diagnosis.			Under 1 week.				1-2 weeks.				2-4 weeks.				More than 4 weeks.				
	Tuberculous ...		1	—	—	—	1	—	—	—	3	2	—	2	4	2	1	—	16
	Non-Tuberculous ...		—	—	—	—	1	1	—	—	1	4	—	2	4	8	—	1	22
	Doubtful ...		1	—	—	—	—	—	—	—	1	—	—	—	4	3	—	—	9

The various groups to which these patients are classified are :—

		Males.	Females.
Group " A "	...	55 or 35.5%	65 or 49.6%
" B1 "	...	45 or 29.0%	24 or 18.3%
" B2 "	...	53 or 34.2%	39 or 29.8%
" B3 "	...	2 or 1.3%	3 or 2.3%

Quiescent	...	106, i.e., 37.1%	Of total patients discharged
Not Quiescent	...	177, i.e., 61.9%	(excluding " Non-Tubercular "
Died	...	3, i.e., 1.0%	and " Doubtful cases.")

TABLE " B "—Showing degree of fitness for work of patients on discharge from the Lenham Sanatorium during the year 1935.

MALES.		FEMALES.	
Classifications :—(X) Fit for the highest grade Sanatorium work. (Y) Fit for light work.		(Z) Unfit for work.	
	Classification on discharge.		Classification on discharge.
Class " A "	X { 13 (23·6%) 55 Y { 22 (40·0%) Z { 20 (36·4%)	Class " A "	X { 13 (20·3%) 64 Y { 38 (59·4%) Z { 13 (20·3%)
Class " B1 "	X { 5 (11·1%) 45 Y { 29 (64·5%) Z { 11 (24·4%)	Class " B1 "	X { 2 (8·4%) 24 Y { 14 (58·3%) Z { 8 (33·3%)
Class " B2 "	X { 4 (7·6%) 52 Y { 24 (46·2%) Z { 24 (46·2%)	Class " B2 "	X { 3 (7·9%) 38 Y { 21 (55·3%) Z { 14 (36·8%)
Class " B3 "	X { — (—%) 2 Y { — (—%) Z { 2 (100%)	Class " B3 "	X { — (—%) 3 Y { — (—%) Z { 3 (100%)

Excluding 3 deaths (1 male and 2 females).

Analysis of above table :—

							Males.	Females.
Fit for highest grade Sanatorium work	...	...	...	...	...	...	22	18
Fit for light work	...	...	...	...	...	...	75	73
Unfit for work	...	...	...	...	...	...	57	38

TABLE " C "—Showing the increase of weight of patients discharged from the Lenham Sanatorium during the year 1935.

Classification on Admission.	INCREASE (in pounds).					Weight Stationary	Weight Lost	Percentage Showing increase	Totals.
	0-5	5-10	10-15	15-20	Over 20				
MALES.									
Class " A "	8	14	15	5	4	4	5	83·6	55
Class " B1 "	6	17	4	9	5	1	3	91·1	45
Class " B2 "	15	10	10	3	6	2	6	84·6	52
Class " B3 "	1	—	—	—	—	—	1	50·0	2
FEMALES.									
Class " A "	11	18	17	4	6	3	5	87·5	64
Class " B1 "	5	3	6	4	4	2	—	91·7	24
Class " B2 "	3	11	9	7	4	4	—	89·5	38
Class " B3 "	—	1	—	—	—	1	1	33·3	3

Excluding 3 deaths (1 male and 2 females).

TABLE " D "—Showing results of examination of sputum on admission to, and discharge from, the Lenham Sanatorium during the year 1935.

Sex.	Total.	No Sputum.	— On admission. — On discharge.	— On admission. + On discharge.	+ On admission. — On discharge.	+ On admission. + On discharge.
Males ...	155	29	49	11	35	31
Females ...	131	75	21	3	20	12
Totals ...	286	104	70	14	55	43

During the year under review, 1,525 sputum examinations for tubercle bacilli were carried out at the Sanatorium.

TABLE " E "—Showing Occupations of Patients discharged from Lenham Sanatorium during 1935.

Occupations.								Total.
MALES.								
Agents, travellers, etc.	...	...	...	...	...	...	...	4
Apprentices	...	...	...	...	...	...	...	1
Attendants	...	...	...	...	...	...	...	3
Building Trades...	...	...	...	...	...	...	...	10
Clerks	...	...	...	...	...	...	...	27
Domestic Servants	...	...	...	...	...	...	...	3
Engineers	...	...	...	...	...	...	...	11
Factory and Mill workers	...	...	...	...	...	...	...	5
Labourers, general	...	...	...	...	...	...	...	12
Labourers, farm	...	...	...	...	...	...	...	5
Mechanics	...	...	...	...	...	...	...	9
Nurses	...	...	...	...	...	...	...	1
Printers	...	...	...	...	...	...	...	2
Railway workers	...	...	...	...	...	...	...	3
School Children	...	...	...	...	...	...	...	9
Shop Assistants	...	...	...	...	...	...	...	14
Soldiers, Sailors, Air Force	...	...	...	...	...	...	...	5
Tradesmen	...	...	...	...	...	...	...	6
Watermen, including Seamen	...	...	...	...	...	...	...	4
Unknown, various or of no occupation	...	...	...	...	...	...	...	21
Total Males								155
FEMALES.								
Clerks	...	...	...	...	...	...	...	14
Domestics	...	...	...	...	...	...	...	20
Dressmakers	...	...	...	...	...	...	...	2
Factory workers	...	...	...	...	...	...	...	7
Housewives	...	...	...	...	...	...	...	51
Laundry workers	...	...	...	...	...	...	...	1
Nurses	...	...	...	...	...	...	...	1
Printing trades	...	...	...	...	...	...	...	1
School Children	...	...	...	...	...	...	...	16
Shop Assistants	...	...	...	...	...	...	...	12
Unknown, various or of no occupation	...	...	...	...	...	...	...	6
Total Females								131

CRANBROOK CONVALESCENT HOME.

The staff consists of visiting surgeon, local visiting medical officer, chaplain, matron, three nurses, three maids, two gardeners and one part-time clerk.

The accommodation at this institution, 26 beds, has been fully occupied throughout 1935. 41 patients were discharged during the year, including 2 women, 24 boys and 15 girls, and their average duration of stay was 261 days.

In 32 of the cases discharged the disease was regarded as quiescent, and in nine as definitely arrested.

Four children were transferred to hospital for further treatment.

Consideration is being given to the installation of electric light at this institution and also the provision of a cottage for the gardener.

NON-NOTIFIABLE DISEASES.

Mortality rate per thousand of the civil population from measles, whooping cough and diarrhoea during the past ten years :—

Year.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	
											Kent	England and Wales
Measles ...	0·04	0·09	0·002	0·07	0·05	0·04	0·05	0·08	0·005	0·038	0·010	0·03
Whooping Cough ...	0·14	0·06	0·09	0·03	0·13	0·03	0·03	0·06	0·046	0·035	0·014	0·04
Diarrhoea ...	3·94 0·07	5·97 0·10	4·77 0·08	4·37 0·07	6·85 0·11	3·53 0·06	2·89 0·05	4·97 0·08	4·111 0·058	4·935 0·071	4·244 0·063	5·7 0·118

The death-rates from diarrhoea relate to children dying under two years of age per 1,000 births (upper figure), and to total deaths per 1,000 of the population (lower figure).

MEASLES. This disease was notifiable in certain areas of the county during 1935. Information as to those districts, the period during which notification was in force, and the numbers of cases notified in each area, will be found on page 28.

The deaths from measles, in the whole of Kent, totalled twelve. There is, of course, considerable fluctuation in this figure, from year to year ; as will be seen from a comparison of the deaths during each of the past five years, which are as follows :—1931, 51 ; 1932, 90 ; 1933, 6 ; 1934, 43 ; and 1935, 12.

All teachers in the area of the Kent Education Committee are supplied with forms on which to notify to the local medical officers of health and to the county Medical Officer, any definite or suspected cases of measles among their scholars. These notifications are forwarded by the County Health Department to the county health visitors, who visit the homes of the children where possible.

Certificates are issued by the County Medical Officer when the weekly average attendance at any school in the Kent Education Committee's area falls below 60% in consequence of infectious disease. During 1935, twenty of the seventy-eight certificates issued were the result of measles prevalence among the scholars, while in ten other cases either measles or rubella was associated with other illness as the cause of low attendance.

The prevalence of the disease (particularly in the earlier part of the year) is referred to by several of the medical officers of health ; but they mention also the comparative mildness of the attack in nearly all cases.

WHOOPIING-COUGH. This disease appears to have been considerably less prevalent. From fifty-seven deaths in 1933, and forty-five in 1934, the number fell to eighteen in 1935 ; and the death-rate fell to 0·014 per thousand—the lowest level for many years.

No school closures were necessary ; but twelve of the certificates mentioned above were the result of prevalence of whooping-cough, and in five other cases the disease was one of the causes of low attendance necessitating such certificates.

DIARRHŒA. There were eighty-one deaths from this disease, a decrease as compared with the preceding year. Seventy-one of these were in urban districts, and the highest individual total was eight in *Crayford Urban*.

The death-rates were 4·244 per thousand births, and 0·063 per thousand of the population.

As mentioned on p. 28 this disease is notifiable in *Beckenham Borough* during the summer months, July 15th–October 15th, of each year ; but no cases were notified during 1935.

CHICKEN-POX. This disease also is notifiable in certain districts, set out on page 28. It will be seen that the notifications in such districts during 1935 totalled 175 a sharp increase over the preceding year, but considerably below the high number recorded in 1933.

INFLUENZA. There was a slight increase in the number of deaths from influenza—from 164 in 1934 to 180 in 1935 ; and the death-rate also shows a slight increase, from 0·121 to 0·139.

A few of the district reports refer to prevalence of the disease in mild form.

HOME NURSING. Arrangements for the home-nursing of certain specified illnesses, in various districts of the county, have been referred to in the reports for the past few years.

In *Tonbridge Rural*, in 1935, a whole-time health nurse was appointed as from August 1st, for the home-nursing of cases of infectious disease, and for other general health duties.

CANCER.—The following tabulation shows the mortality from cancer recorded in Kent during the past ten years :—

Kent.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.
URBAN.										
No. of Deaths ...	1,162	1,204	1,244	1,255	1,322	1,324	1,385	1,470	1,520	1,715
Death-rate ...	1·47	1·51	1·54	1·52	1·58	1·57	1·59	1·65	1·57	1·68
RURAL. ...										
No. of Deaths ...	434	474	521	511	477	503	530	579	498	449
Death-rate ...	1·32	1·43	1·54	1·51	1·42	1·49	1·53	1·63	1·61	1·61
TOTAL.										
No. of Deaths ...	1,596	1,678	1,765	1,766	1,799	1,827	1,915	2,049	2,018	2,164
Death-rate ...	1·43	1·49	1·54	1·52	1·53	1·55	1·58	1·64	1·58	1·67
England and Wales.										
Death-rate ...	1·36	1·38	1·43	1·44	1·46	1·49	1·51	1·53	1·56	1·59

Table 15 on the next page sets out the average annual death-rates from cancer in each sanitary district in the county arranged in diminishing sequence. The age and sex distribution of the deaths, during the past ten years, is as follows :—

		All ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 up- wards.
1926.	(M. ...	691	1	—	3	2	4	29	292	360
	(F. ...	905	—	1	3	2	1	80	379	439
1927.	(M. ...	821	—	—	—	—	7	42	327	445
	(F. ...	857	—	—	2	2	4	68	350	431
1928.	(M. ...	813	1	2	2	1	5	40	337	425
	(F. ...	952	—	—	—	—	2	90	386	474
1929.	(M. ...	782	—	—	4	5	3	42	295	433
	(F. ...	984	1	—	1	2	4	89	379	508
1930.	(M. ...	853	—	—	—	2	—	30	332	489
	(F. ...	946	1	—	2	1	5	69	371	497
1931.	(M. ...	819	—	—	—	3	2	33	308	473
	(F. ...	1,008	1	—	1	1	3	76	415	511
1932.	(M. ...	938	—	—	—	2	5	40	394	497
	(F. ...	977	—	1	1	—	4	76	409	486
1933.	(M. ...	914	—	—	2	4	4	43	322	539
	(F. ...	1,135	1	—	1	3	4	73	443	610
1934.	(M. ...	922	—	—	2	2	4	40	358	516
	(F. ...	1,096	—	—	1	5	1	81	437	571
1935.	(M. ...	1,038	2	1	1	—	4	42	419	569
	(F. ...	1,126	—	—	1	3	3	84	429	606

The death-rate shows an increase over the figure for the previous year, and attains the highest level yet recorded in the county. Such increase is practically confined to the urban areas.

There are very few references, in the district reports and summaries, to any special enquiries or action, to any undue prevalence of the disease, to improvements in local facilities for information, diagnosis, or treatment, or to the use made of National Radium Centres.

In *Chatham Borough*, the local hospital affords facilities for radium treatment, and records are kept covering the history, form of treatment, and results. These records will be submitted annually to the National Radium Commission.

In *Dartford Borough*, both local hospitals are associating with the British Empire Cancer Campaign.

In *Folkestone Borough*, radium treatment is available at the Royal Victoria Hospital.

The most common sites of the disease are, in males, the throat, neck and digestive organs; in females, the breast and cervix.

In *East Ashford Rural*, a few cases are attending at National Radium Centres.

In *Hollingbourn Rural*, use is made of the Radium Clinic of the West Kent Hospital.

In *Malling Rural*, talks on cancer have been arranged, with the idea of educating the public in the early diagnosis of the disease. The Radium Clinic at the West Kent Hospital is utilised.

In *Maidstone Borough*, a panel of lecturers is to be formed, in conjunction with the National Radium Centres and the West Kent General Hospital.

TABLE 15—CANCER DEATH RATES in each Sanitary District in the County of Kent, arranged in diminishing sequence.

District.	Average yearly death-rate of 28 years 1908-1935	Death-rate 1908	Death-rate 1934	Death-rate 1935
Tunbridge Wells B.	1.90	1.35	2.63	2.63
Whitstable U.	1.85	1.02	2.49	2.25
Ramsgate B.	1.67	1.25	1.97	1.94
Herne Bay U.	1.64	1.02	1.74	1.86
Southborough U.	1.64	1.67	1.57	1.31
Broadstairs and St. Peter's U. ...	1.61	1.86	1.69	2.27
Ashford U.	1.54	0.76	2.40	2.03
Deal B. ¹	1.54	0.73	1.18	1.90
Sevenoaks U.	1.53	1.07	1.78	2.05
Margate B.	1.52	1.09	1.82	1.98
Hythe B.	1.43	1.44	1.87	2.19
Tenterden B.	1.43	<i>nil.</i>	0.90	1.78
Faversham B.	1.42	1.08	2.08	2.11
Penge U.	1.42	0.92	2.29	1.97
Swanscombe U. ²	1.41	—	1.42	1.91
Folkestone B. ³	1.41	0.79	1.56	1.66
Bromley B.	1.38	0.99	1.38	1.54
Maidstone B.	1.36	0.95	1.52	1.42
Beckenham U.	1.36	0.94	1.32	1.41
Gravesend B.	1.35	0.90	1.41	1.68
New Romney B.	1.33	1.51	1.70	3.26
Dover B.	1.33	0.93	1.87	1.86
Sandwich B.	1.33	0.32	3.39	1.82
Rochester C.	1.29	0.77	1.65	1.75
Tonbridge U.	1.27	0.74	1.33	1.78
Chislehurst and Sidcup U. ⁴ ...	1.26	0.91	1.42	1.20
Chatham B.	1.19	0.84	1.24	1.82
Sittingbourne and Milton U. ...	1.17	0.65	1.51	1.31
Sheerness U.	1.14	0.69	1.97	1.81
Northfleet U.	1.14	0.50	1.37	1.70
Bexley U.	1.14	0.77	1.11	1.21
Gillingham B.	1.11	0.62	1.39	1.89
Crayford U. ⁵	1.09	—	1.43	1.00
Lydd B.	1.08	0.36	1.81	2.59
Erith B.	1.08	0.52	1.37	1.60
Dartford B.	1.02	0.62	1.08	1.51
Queenborough B.	0.87	1.00	1.99	1.34
Orpington U. ⁶	—	—	1.24	1.07
ALL URBAN DISTRICTS ...	1.35	0.89	1.57	1.68
Ashford, West	1.59	1.22	2.14	2.35
Elham	1.58	1.31	2.53	1.40
Cranbrook	1.52	1.30	1.96	1.18
Hollingbourn	1.48	0.24	1.56	2.37
Ashford, East	1.47	1.12	2.14	1.88
Tonbridge	1.38	1.29	1.44	2.05
Bridge-Blean ⁷	1.37	0.57	1.34	1.69
Maidstone	1.35	0.79	1.44	1.70
Malling ⁸	1.35	0.78	1.70	1.59
Sevenoaks	1.35	1.13	1.64	1.56
Tenterden	1.35	1.03	2.03	1.42
Dover	1.28	0.49	1.40	1.73
Swale ⁹	1.23	1.07	1.46	1.35
Eastry	1.22	0.90	1.39	1.51
Strood ¹⁰	1.14	0.92	1.53	1.12
Romney Marsh	1.13	0.79	2.84	1.24
Dartford	1.00	0.61	1.34	1.55
Sheppey	0.97	1.22	1.42	1.49
ALL RURAL DISTRICTS ...	1.29	0.94	1.61	1.61
ALL URBAN DISTRICTS ...	1.35	0.89	1.57	1.68
WHOLE COUNTY	1.33	0.90	1.58	1.67

1 *Deal B.* The figures are for the area as now constituted—i.e., including the former Walmer Urban.

2 *Swanscombe U.* The average figure is for ten years only—from the formation of the area in 1926.

3 *Folkestone B.* The figures are for the area as now constituted—i.e., including the former Cheriton Urban and Sandgate Urban areas.

4 *Chislehurst and Sidcup U.* The figures are for the area as now constituted.

5 *Crayford U.* The average figure is for sixteen years only—from the formation of the area in 1920.

6 *Orpington U.* Area constituted in April, 1934.

7 *Bridge-Blean R.* The figures are for the area as now constituted—combining the originally separate districts of Blean Rural and Bridge Rural.

8 *Malling R.* The figures are for the area as now constituted—i.e., including the former Wrotham Urban area.

9 *Swale R.* The figures are for the area as now constituted—combining the originally separate districts of Faversham Rural and Milton Rural.

10 *Strood R.* The figures are for the area as now constituted—combining the originally separate districts of Strood Rural and Hoo Rural.

BRITISH EMPIRE CANCER CAMPAIGN.—The Twelfth Annual Report of the Campaign is an arresting record of the work carried out up to November, 1935.

The Report points out that "the study of cancer remains the most difficult of all the studies of disease. It holds, indeed, a quality of mystery which, were the matter less serious, might be described as impish. No sooner has a fact been established than another fact, apparently flatly contradictory, is placed upon record—with the result that investigators are compelled to set out in search of some new plane upon which contradiction may be resolved.

"The study, again, possesses an elusive quality of attraction the promise of which is some simple, but dominant, fact, hitherto overlooked, perhaps because it is so obvious that none has paused to notice it. There seems, often, to be the prospect of ultimate success round the next corner. It says much, therefore, for the steadiness of research workers that they have held themselves in restraint, rejected the facile satisfaction of a useless theorizing and put their faith in the ultimate triumph of honest and careful observation."

The Campaign has made grants, during the year under review, of £32,000 for the purpose of cancer research, such sum being expended in two ways—in purely experimental research work into the causes of cancer, and in attempts to improve and perfect the present known methods of treating cancer.

Further, much work is done in co-ordinating knowledge, in disseminating information as to treatment, in linking different centres, and in educating the public.

Workers who are seeking the causes of the disease tend at present to concentrate upon the changes which, taking place in the tissue cells, result in cancer, and to push their enquiries into the nature of the factors that produce, or tend to produce, such changes.

A number of new carcinogenic agents have been under experiment during the year, continuing the attempts to extract carcinogenic substances from those chemicals formed naturally in the body, and also to produce such substances synthetically.

Further attempts have been made to determine which are the chemical substances in gas tar that possess carcinogenic potency; and it has been shown that the removal of phenol or carbon from gas tar has the result of increasing the carcinogenic properties of the tar.

Very careful investigations have been carried out on mineral oils. This is a matter of great importance, as certain forms of cancer are produced owing to contact with lubricating oils, in cotton mills and in other manufacturing processes.

An interesting series of experiments sprang from a discovery that rats, fed upon cockroaches infected with a particular parasite, developed gastric cancers. This work was thereupon repeated, with the difference that the rats so used were kept on a full diet; and the interest of the work lies in the fact that, although the presence of the parasite could be established, "the experiments appear to show that provided the rats are fed on a correct diet, cancer does not develop as a result of this parasitic infection."

A few years ago, the discovery was made that mustard gas has an inhibitive effect on the development of malignant growths. Since then, other substances have been tested, and one in particular has been found to possess the same effect. As this latter substance possesses an entirely different chemical structure, it would seem that inhibition is linked in some way with a special type of cell change, and is not dependent only on the chemical composition of the irritant.

A number of experiments have been carried out into the natural history of warts produced by tar-painting. It was found that the warts could be divided into two groups—in one, the warts grow slowly and regularly, in the other, growth is much faster and not so regular. Further research showed that the slow-growing warts were generally innocent in character, while the rapidly-growing warts were almost invariably malignant; and an intermediate stage was observed where the warts were sometimes malignant and sometimes innocent. The conclusion is that

the growth rate of tumour cells may, alone, determine the question of innocency or malignancy. "This may prove to be a very important finding, as hitherto no satisfactory explanation of the difference between innocent and malignant tumours has been found."

Another investigation, correlated with the above, was upon the subsequent history over a number of years, of a group of cases of simple adenomata of the intestinal mucous membrane. It was found that malignant tumours subsequently developed in six per cent. of these cases. The conclusion reached is that simple tumours of the mucous membrane must no longer be considered as innocent, but as representing only a stage in the development of malignancy. These findings would seem of considerable importance to the problem of the transition from healthy tissue to malignant tumours.

Cancer of the skin is prevalent in certain parts of the world where there is excessive exposure of the unclothed skin to strong sunlight ; and cancer has been produced, experimentally, in animals by exposure to excessive light. The cause of this, it is suggested, is the presence in the skin of some substance which under the influence of light can undergo evolution into a cancer-producing compound.

In the direction of sero-diagnosis, one test-method has been employed in over 250 cases : and while the re-action is not absolutely specific for carcinoma, it is very useful in estimating the patient's responses to therapeutic measures. Other blood tests have also been investigated : "but so far no test has been discovered which is sufficiently reliable to enable early cases of cancer, in which alone such a test would really be of practical value, to be diagnosed with any high percentage of accuracy."

A long series of experiments have been carried out with anti-cancer sera, and are now being continued with a view to discovering, if possible, some means by which the efficacy of the anti-cancer serum can be increased in order to make use of it in human beings.

Many attempts have been made to find some substance which, when injected into the blood, will increase the sensitivity of tumours to irradiation with X-rays ; and two such substances have given promising results. Work in this direction is being continued.

A large part of the Report deals with the results of treatment of cancer in various organs of the body, by X-rays and radium. The work of treatment of cancer of the oesophagus by deep X-rays (which had given some very encouraging results in the previous year) has been continued, but with modifications of method.

A new Committee of the Campaign has been formed—a Clinical Cancer Research Committee—which will control a systematised scheme for the co-ordination between hospitals of clinical research.

Another new Committee will be the Central Propaganda Committee, which will endeavour to intensify the policy already established, of making every effort to bring home to the public the importance of early medical advice in any case of suspected trouble.

BRITISH EMPIRE CANCER CAMPAIGN, KENT COUNCIL.—The Eighth Annual Report of the Kent Council of the Campaign shows many developments during 1935.

There was a marked increase in the funds raised ; and the scheme of grants-in-aid to hospitals carrying out research has now been extended to include those giving treatment. A special sub-Committee has been formed, and grants to a considerable total were made to six hospitals in the county.

Another estimable activity of the Council was the organisation of a Transport Assistance Scheme, which came into operation at the end of the year. The object of this Scheme is to ensure that lack of means shall not prevent any cancer patient from attending for examination, treatment, or diagnosis at an appropriate centre, whether in Kent or elsewhere.

The Kent Council has worked with the Central Propaganda Committee in the latter's scheme of lectures to lay organisations, and programmes are being drawn up to cover the whole county.

VENEREAL DISEASES.

The following is a list of the Kent county clinics:

Situation of Clinic.	Days and Times of Consultations.	Days and Hours for Irrigation.	Medical Officers in Charge.
1 Barrow Hill Place, Ashford	Men : Fridays 5 p.m. to 6 p.m. Women : Fridays 4 p.m. to 5 p.m.	Men Mon. to Fri., 6.30 to 8 p.m.	C. M. Ockwell, M.B., B.S., F.R.C.S., L.R.C.P., D.P.H.
Kent and Canterbury Hospital, Canterbury	Men : Thursdays 6 p.m. Women : Tuesdays 6 p.m.	Men Daily except Sun., and Tues., 6 p.m. to 7 p.m. Women Daily, 9.30 a.m.	H. S. Wachter, M.R.C.S., L.R.C.P., and F. L. Cassidi, M.B., Ch.B., M.R.C.S., L.R.C.P.
37 West Hill, Dartford	Men : Mondays 4.30 p.m. to 6.30 p.m. Wednesdays 5 p.m. to 6 p.m. Women : Tuesdays 4 p.m. to 6 p.m.	Men Daily except Sat., and Sun., 6 to 7 p.m. Women Mon., Wed., Thurs. and Fri., 2 to 5 p.m., Tues., 2 to 5.30 p.m.	C. M. Ockwell.
Royal Victoria Hospital, Dover	Men : Mondays 8 p.m. Thursdays 4 p.m. Women : Mondays 8 p.m. Thursdays 4 p.m.	Men and Women Daily (except Sun.) by arrangement.	T. J. Cobbe, M.B., Ch.B., B.A.O., F.R.C.S.
13 South Road, Faversham	Men : Fridays 6.30 p.m. to 7.30 p.m. Women : Saturdays 1.30 p.m. to 2.30 p.m.	Men Mon., Tues., Thurs. and Sat. at 6 p.m. Women Daily by appointment.	C. M. Ockwell.
Royal Victoria Hospital, Folkestone	Men : Mondays 4.30 p.m. to 5 p.m. Fridays 7.30 p.m. to 8.30 p.m. Women : Mondays 3.30 p.m. to 4.30 p.m.	Men Daily, except Sun., 7 p.m. to 8 p.m. Women by appointment.	W. C. P. Barrett, M.R.C.S., L.R.C.P.
22 Cobham Street, Gravesend	Men : Tuesdays 11 a.m. to 1 p.m. Thursdays 5 p.m. to 7 p.m. Women : Tuesdays 1 p.m. to 2.15 p.m. Thursdays 3 p.m. to 4.30 p.m.	Men Mon., Wed., Fri., 6 to 7 p.m., Tues., 11 a.m. to 1 p.m., 6 to 7 p.m., Thurs., 5 to 7 p.m., Sat., 1 to 2 p.m. Women Mon., 9 a.m. to 12 noon and 1 to 5 p.m., Tues., 1 to 2.15 p.m., Wed., 9 to 11.30 a.m., Thurs., 3 to 4.30 p.m., Fri., 9 a.m. to 12 noon and 1 to 5 p.m., Sat., 9 to 11.30 a.m.	H. Nicol, F.R.C.S., L.R.C.P.
Eton House, St. Peter's Road, Margate	Men : Saturdays 5 p.m. to 6.30 p.m. Women : Saturdays 3.30 p.m. to 5 p.m.	Men Mon. to Fri., 6.30 to 8 p.m.	C. M. Ockwell.
36 New Road, Rochester	Men : Tuesdays 3 p.m. to 7 p.m. Thursdays 11 a.m. to 2 p.m. Women : Tuesdays 3 p.m. to 6.30 p.m. Thursdays 11 a.m. to 2 p.m.	Men Mornings (except Tues., Thurs. and Sun.) 10 a.m. to 1 p.m., Tues. 10 to 10.30 a.m., Thurs. 11 a.m. to 2 p.m. Aft. Mon., Wed. and Fri. 2 to 3 p.m., Tues. 3 to 5.30 p.m. Evenings (except Fri., Sat. and Sun.) 5.30 to 8 p.m., Fri. 7.30 to 8.30 p.m. Women Mon., Wed. and Fri. 9 a.m. to 12 noon, and 1 p.m. to 4 p.m., Tues. 1 to 6.30 p.m., Thurs. 9 a.m. to 4 p.m., Sat. 9 a.m. to 12 noon.	H. Nicol, C. G. H. Campbell, M.D., D.P.H. (Assistant).
61 Alma Road, Sheerness	Men : Saturdays 11 a.m. to 12 noon. Women : Saturdays 12 noon to 1 p.m.	Men Daily by arrangement. Women by appointment.	C. M. Ockwell.
Kent & Sussex Hospital, Tunbridge Wells	Men : Wednesdays 5.15 p.m. to 6.30 p.m. Women : Wednesdays 3.30 p.m. to 5 p.m.	Men Daily 6 to 7 p.m. Women Daily by appointment	G. L. M. McElligott, M.R.C.S., L.R.C.P.

The Kent County Council are participants in the London and Home Counties scheme.

The following are figures relating to the work of the Kent clinics :—

TABLE 16—Summary of work at separate clinics during 1935.

Institutions.	Number of openings.	Number of persons removed from the register during any previous year who returned for treatment or observation of the same infection.	New Patients					Attendances					In-Patient treatment		Patients discharged including transfers.	Still under treatment.	Number of doses of arsenoben-zene compounds given.
			Syphilis.	Soft Chancre	Gonorrhœa.	Not Venereal Diseases.	Number of persons (exclusive of those under previous heading) dealt with for the first time, known to have received treatment at other centres for the same infection.	Syphilis.	Soft Chancre.	Gonorrhœa.	Not Venereal Diseases.	Attendances of Patients for Irrigation.	Patients.	Days.			
Ashford ...	48	2	3	—	6	4	2	139	—	154	12	136	—	—	14	18	43
Canterbury	103	2	15	—	12	41	8	267	—	114	123	170	7	166	92	33	153
Dartford ...	157	4	10	—	40	76	13	515	—	460	119	3,269	4	93	141	48	125
Dover ...	99	8	18	—	35	20	3	739	—	287	60	1,907	2	13	68	96	528
Faversham	100	1	7	1	6	5	1	313	2	156	10	312	—	—	14	21	58
Folkestone	100	9	7	—	13	12	9	339	1	97	20	369	—	—	44	38	226
Gravesend	103	38	47	6	133	77	20	1,742	33	2,035	130	6,346	—	—	377	243	693
Margate ...	52	2	15	—	35	39	45	608	—	599	91	2,814	—	—	131	62	105
Rochester	142	45	79	3	224	97	36	4,112	48	3,547	195	13,320	—	—	529	411	2,083
Sheerness	52	4	—	2	5	7	—	35	2	111	16	326	—	—	22	4	3
Tunbridge Wells ...	97	—	18	—	30	31	—	400	—	274	38	637	13	789	53	159	110
Totals 1935	1,053	115	219	12	539	409	137	9,209	86	7,834	814	29,606	26	1,061	1,485	1,133	4,127
London Hospitals 1935	?	?	77	4	149	279	?	12,155					?	2,209	?	?	1,186

RETURN SHOWING THE WORK OF THE COMBINED KENT CLINICS.

				Males.	Females.
(1) Number of persons who, on 1st January, 1935 were under treatment or observation for :—	Syphilis ...	...	...	386	301
	Soft chancre	...	...	9	—
	Gonorrhœa	...	...	340	111
	Conditions other than venereal	...	...	27	13
	Total	...	...	762	425
(2) Number of persons removed from the register during any previous year who returned during the year for treatment or observation of the same infection :—	Syphilis ...	...	...	30	19
	Soft chancre	...	...	—	—
	Gonorrhœa	...	...	51	15
	Total	...	...	81	34
(3) Number of persons dealt with during the year, at, or in connection with the out-patients clinics, for the first time (exclusive of persons under (4) below) suffering from :—	Syphilis primary ...	...	...	35	5
	„ secondary	...	...	16	13
	„ latent in first year of infection	...	...	3	2
	„ all later stages	...	...	70	45
	„ congenital	...	...	13	17
	Soft chancre	...	...	12	—
	Gonorrhœa, first year of infection	...	...	338	122
	„ later	...	...	51	28
	Conditions other than venereal	...	...	257	152
	Total	...	...	795	384

				Males.	Females.
(4) Number of persons dealt with for the first time during the year known to have received treatment at other centres for the same infection :—	Syphilis ...	...	...	39	13
	Soft chancre	...	...	2	—
	Gonorrhœa	...	...	73	10
	Total	...	...	114	23
(5) Number of persons discharged after completion of treatment and final tests of cure :—	Syphilis ...	...	...	97	35
	Soft chancre	...	...	16	—
	Gonorrhœa	...	...	208	83
	Conditions other than venereal	...	...	251	142
	Total	...	...	572	260
(6) Number of persons who ceased to attend before completion of treatment and who were, on first attendance, suffering from :—	Syphilis, primary...	...	...	18	4
	„ secondary	...	...	12	9
	„ latent in first year of infection	...	...	1	1
	„ all later stages...	...	...	24	33
	„ congenital	...	...	5	9
	Soft chancre	...	...	4	—
	Gonorrhœa, first year of infection	...	...	96	31
	„ later	...	...	32	14
	Total	...	...	192	101
(7) Number of persons who ceased to attend after completion of treatment but before final tests of cure :—	Syphilis ...	...	...	27	7
	Soft chancre	...	...	—	—
	Gonorrhœa	...	...	33	5
	Total	...	...	60	12
(8) Number of persons transferred to other centres or to institutions, or to care of private practitioners :—	Syphilis	...	...	81	25
	Soft chancre	...	...	3	—
	Gonorrhœa	...	...	136	43
	Total	...	...	220	68
(9) Number of persons remaining under treatment or observation on 31st December, 1935 :—	Syphilis ...	...	...	327	292
	Soft chancre	...	...	—	—
	Gonorrhœa	...	...	348	110
	Conditions other than venereal	...	...	33	23
	Total	...	...	708	425
(10) Number of persons in the following stages of syphilis, included in (6) above, who failed to complete one course of treatment :—	Syphilis, primary...	...	...	7	1
	„ secondary	...	...	3	3
	„ latent in first year of infection	...	...	1	—
	„ all later stages	...	...	6	11
	„ congenital	...	...	1	2
	Total	...	...	18	17
(11) Total attendances of all persons at the out-patients clinics who were suffering from :—	Syphilis	...	...	4,805	4,404
	Soft chancre	...	...	86	—
	Gonorrhœa	...	...	4,551	3,283
	Conditions other than venereal	...	...	504	310
	Attendances for Irrigation	...	...	22,064	7,542
	Total	...	...	32,010	15,539
(12) Number of doses of arseno-benzene compounds given in the out-patient clinics and in-patient departments					4,127

Seventeen Kent patients were admitted to London Hostels during the year 1935 aggregating 2,250 days in residence.

The provision of approved "arsenobenzene" compounds to medical practitioners producing satisfactory evidence of experience in the administration of these drugs is undertaken direct from the County Health Department. My office index contains the names of one hundred and sixty accredited practitioners, and during the year 5,468 doses were supplied, namely, 846 to private doctors and 4,622 to medical officers of treatment centres.

The number of patients under the care of private doctors for whom these compounds were supplied during the year was 144.

In cases where patients cannot receive the treatment required unless travelling expenses are paid, the County Council defrays the cost. The fares of 49 patients were paid during 1935.

Examinations of pathological specimens for the detection of spirochætes (syphilis) and gonococci (gonorrhœa), and tests for the Wassermann reaction, are undertaken at the bacteriological laboratory attached to the County Medical Officer's Department. The numbers of examinations during the past year are shown on page 73.

Particulars of the medicines, etc., supplied from the County Dispensing Station for the use of the Venereal Diseases Clinics during the last financial year are as follows :—

Bottles of Medicine	...	...	...	...	...	...	5,601
Ointments (boxes) ...	...	...	...	...	...	...	554
Dressings ...	...	...	...	...	...	...	1,067
Bandages ...	...	...	...	...	...	...	1,380
Pills, Capsules, etc.	...	...	...	...	...	...	68,986

These figures do not include such items as acids, lotions, spirits, powders, disinfectants, etc.

PUBLIC VACCINATION.

The functions relating to vaccination were transferred from Boards of Guardians to Councils of Counties and County Boroughs, under the Local Government Act, 1929.

At the present time there are one hundred and nineteen practitioners in the county who act as public vaccinators (see list on pages 8–11).

Vaccination officers are, generally speaking, either the relieving officers or registrars of births and deaths or act in both these capacities. Their duties are to act as registrars of vaccination for the districts to which they are appointed ; to see that all children resident therein are duly accounted for as regards vaccination ; and generally to carry into effect all such provisions of the Vaccination Acts and the Vaccination Order, 1930, as are applicable to their office.

There are forty-five vaccination officers in the county and the majority are paid by fees. A list of these officers will be found on page 62a.

On the same page is printed a summary of the Returns of Vaccination Officers to the Registrar General, respecting children whose births were registered from January 1st to December 31st, 1934. From column 11 it will be observed that 328 of these births were not accounted for as regards vaccination on 31st January, 1936.

From enquiries made of Vaccination Officers, the reasons for these outstanding cases are mainly :—

- (a) Alleged default of Public Vaccinators.
- (b) Default of preceding Vaccination Officer.
- (c) Default of parents.

TABLE 17. Summary of Returns of Vaccination Officers to the Registrar-General respecting the vaccination of children whose births were registered from 1st January to 31st December, 1934, inclusive

62a

Vaccination Officer's District.	Name of Vaccination Officer.	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December, 1934.	Number of these Births duly entered by 31st January, 1936, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz.:					Number of these Births which on 31st January, 1936, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			Number of these Births remaining on 31st Jan., 1936, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor tem- porarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return).	*Total number of Certificates and copies of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year—1935.	Number of Statutory Declarations of Con- scientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year, 1935.	Number of children successfully vaccinated after the Declaration of Conscientious Objection had been made and included in column 6.	Total number of Copies of Certificates for the year 1935 sent to other Vaccination Officers.
			Col. I. Successfully Vaccinated.	Col. II.		Col. IV. Number in respect of whom Statutory Declarations of Conscientious Objection have been received.	Col. V. Died unvaccinated.	Postpon- ment by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly apprised.	Removal to places un- known, or which cannot be reached; and Cases not having been found.					
				Insus- ceptible of Vaccination.	Had Small Pox.										
1		2	3	4	5	6	7	8	9	10	11	12	13	14	15
East Ashford (Brabourne) ...	A. G. Chandler ...	128	48	1	—	69	5	1	—	3	1	68	70	1	13
" (Wye) ...	H. H. Sutton ...	78	44	—	—	27	4	—	1	1	1	45	30	—	8
West Ashford ...	W. J. Gilham ...	327	136	—	—	170	17	—	2	2	—	143	166	—	9
Blean ...	G. Linksted ...	368	156	—	—	176	15	3	5	13	—	158	217	—	16
Bridge ...	W. H. Wass ...	148	76	—	—	54	7	2	4	2	3	85	60	1	18
Bromley (Beckenham) ...	G. W. Footitt ...	786	461	—	—	248	19	—	9	28	21	502	257	—	69
" (Bromley) ...	C. C. Newington ...	709	299	1	—	372	18	—	—	19	—	323	285	—	1
" (Chislehurst) ...	A. E. Petchey ...	547	276	1	—	221	24	2	7	16	—	372	254	—	86
" (Orpington) ...	C. G. Hancock ...	571	283	—	—	195	13	6	51	23	—	375	220	—	34
Cranbrook ...	J. H. Durrant ...	181	116	2	—	40	6	—	5	5	7	101	46	—	23
Dartford (Farningham) ...	A. H. Grimsey ...	212	121	—	—	71	14	—	2	4	—	149	58	2	31
" (Dartford) ...	F. J. Vickery ...	2,187	840	7	—	1,207	87	11	15	20	—	1,019	1,212	2	112
Dover ...	H. F. Abbott ...	748	312	3	—	310	30	19	18	39	17	325	350	—	36
Eastry (Deal) ...	F. E. Hall... ..	439	151	1	—	245	15	1	4	22	—	147	265	—	9
" (Eythorne) ...	L. R. Hampshire ...	166	26	2	—	119	9	—	2	8	—	18	67	—	—
" (Sandwich) ...	A. H. Davis ...	95	25	—	—	58	3	6	—	3	—	30	60	—	} 4
" (Wingham) ...	do. ...	44	22	1	—	17	2	—	—	2	—	21	11	—	
Elham (Folkestone) ...	H. G. Wilkins (Miss) ...	701	411	2	—	245	15	2	19	7	—	414	268	1	13
" (Hythe) ...	C. E. Hurle (Mrs.) ...	129	67	1	—	52	4	—	1	2	2	74	53	—	14
" (Elham) ...	G. Cookson ...	57	26	3	—	16	4	—	6	2	—	36	20	—	3
Faversham ...	A. R. Spillett ...	349	123	—	—	153	9	3	6	8	47	114	146	—	3
Hollingbourn (Maidstone) ...	F. J. Cooper ...	719	229	—	—	431	17	4	19	13	6	237	429	—	15
" (Lenham) ...	A. C. Joy ...	41	22	—	—	17	—	—	1	1	—	37	14	—	1
" (Headcorn) ...	J. C. Marshall ...	92	52	—	—	29	9	—	2	—	—	59	23	—	14
Hoo ...	A. E. Terry ...	55	17	1	—	8	2	—	—	—	27	60	9	—	3
Maidstone (Loose) ...	A. Tapsfield (Miss) ...	185	105	—	—	62	8	1	2	7	—	114	61	—	14
" (Yalding) ...	F. W. Horrell ...	96	66	—	—	24	2	1	1	—	2	68	28	—	7
Malling ...	A. H. Hall ...	405	122	1	—	208	11	—	7	18	38	105	168	—	17
Milton ...	W. I. Porter ...	443	139	—	—	276	17	1	1	6	3	137	282	—	9
Romney Marsh ...	W. J. Gilham (Temp.) ...	99	63	2	—	33	—	—	—	1	—	62	28	—	16
Sevenoaks (Penshurst) ...	H. D. Thompson ...	142	61	—	—	55	6	1	2	5	12	107	46	—	17
" (Sevenoaks) ...	R. E. Milton ...	336	178	2	—	94	15	3	6	3	35	176	90	—	12
Sheppey (Eastchurch) ...	C. F. Rosewarne ...	22	12	1	—	6	2	—	—	1	—	9	6	—	1
" (Minster) ...	W. R. Filer ...	329	82	1	—	222	15	—	3	6	—	94	237	1	6
Strood (Northfleet) ...	D. A. Gough ...	396	231	—	—	127	19	—	10	9	—	182	116	—	49
" (Strood) ...	R. J. Beaney ...	339	132	—	—	187	9	2	8	1	—	177	171	1	27
Tenterden ...	A. W. Pulley ...	108	60	—	—	41	5	1	—	1	—	77	46	—	10
Thanet (Margate & Broadstairs) ...	J. R. Taylor ...	417	134	3	—	236	13	1	6	14	10	181	274	1	17
" (Ramsgate E.) ...	J. W. Woods ...	185	55	—	—	108	9	—	6	7	—	81	101	—	22
" (Ramsgate W.) ...	H. C. Machin ...	259	92	—	—	140	12	—	3	12	—	143	157	—	5
" (Minster) ...	T. F. Lucas ...	134	70	—	—	38	3	—	—	—	23	99	30	—	15
Tonbridge (Brenchley) ...	P. J. Palmer ...	99	61	—	—	26	6	—	2	—	4	64	33	—	12
" (Tonbridge) ...	R. Salt ...	350	87	—	—	203	16	—	23	18	3	108	200	—	8
" (Tunbridge Wells) ...	P. W. Austin ...	654	173	—	—	360	31	14	24	20	32	176	384	—	6
Gravesend ...	K. E. M. Hammond (Miss) ...	609	335	—	—	213	28	—	26	4	3	334	214	—	12
Medway ...	C. H. Mardon ...	1,889	945	5	—	764	84	6	21	62	2	1,108	795	2	40
Penge ...	T. H. Higham ...	290	129	2	—	83	16	—	3	28	29	164	118	—	26
Total ...		17,663	7,671	43	—	8,056	675	91	333	466	328	8,678	8,780	12	783

The necessary action is taken in the cases of alleged default, and in many cases the children have been accounted for as regards vaccination, since the returns were made to the Registrar General.

From enquiries made of the public vaccinators it has been ascertained that during the year ended *30th September, 1935*, 6,655 persons were successfully vaccinated and 1,026 successfully re-vaccinated, *at the cost of the rates*. Of the 6,655 persons vaccinated, 5,865 were under one year of age.

ISOLATION HOSPITALS.

My Annual Report for 1930 included a table showing the accommodation available at each of the isolation hospitals in the county ; and minor improvements or deficiencies have been recorded in succeeding annual reports.

Alterations, improvements, deficiencies and matters of general interest taken from the district reports for 1935 are given below.

Ashford U.—Eight new cubicles, and a nurses' hostel, are needed and will be built shortly.

Beckenham B.—Extensions are being carried out at the Joint Hospital.

Dartford B.—Extensions are being made to the Bow Arrow Hospital.

Herne Bay U.—Improvements were made in the enteric block of this hospital. The medical officer of health is of opinion that the number of beds provided (in the hospital as a whole) is insufficient.

A temporary arrangement was made, for the admittance of any case of small-pox to the Small-pox Hospital of *Dover Borough*.

Maidstone B.—Dr. Gaffikin writes :—" I have reported previously that this hospital is not satisfactory, and that to make it adequate for the needs of the borough, both as regards accommodation and equipment, it would be necessary to undertake considerable expenditure."

Rochester C.—Arrangements have been made for the admittance of any small-pox cases to the London County Council's Hospital at Joyce Green, Dartford.

Tunbridge Wells B.—An extension was commenced, of the diphtheria block at the borough isolation hospital. This extension will provide accommodation for twelve adults instead of four.

Bridge-Blean R.—The Council's isolation hospital was closed. Arrangements have been made for cases of the ordinary infectious diseases to be admitted to the *Eastry* isolation hospital ; and temporary arrangements for cases of small-pox to be admitted to the small-pox hospital of *Dover Borough*.

Cranbrook R.—Electric-light was installed at the Cranbrook and Tenterden Joint Hospital : and a motor-ambulance was purchased during the year.

Sevenoaks R.—Arrangements are now in force for small-pox cases from this area to be admitted to the West Kent Joint Small-pox Hospital.

Strood R.—The medical officer of health refers to the desirability of installing main-drainage.

VOLUNTARY HOSPITALS.

A full list of voluntary hospitals in the county was published in my annual report for 1930, and changes have been recorded in subsequent reports.

There are a few references to changes or inadequacies in this direction, in the reports for the districts for 1935, and these are appended.

Beckenham B. Extensions are under consideration by the Board of Management of the local hospital.

Chatham B. The voluntary hospital is being extended.

Chislehurst and Sidcup U. Hospital facilities in this district are said to be inadequate for the rapidly growing population.

Deal B. An out-patients' department was expected to be completed and ready for use in the early part of 1936.

Erith U. A new children's ward, of ten beds, was opened at the Erith and District Hospital.

Herne Bay U. The erection of a new hospital was commenced towards the end of the year.

Tonbridge U. The new General Hospital was opened in October, 1935. There is accommodation for twenty adults, five children, and six private-ward patients.

AMBULANCE SERVICES.

A statement of the ambulances available in the county was contained in my Annual Report for 1930, and changes since then have been referred to in the corresponding reports.

The following notes have reference to changes, etc., during 1935 :—

Beckenham B.—A new ambulance is to be purchased (in 1936).

Bexley U.—The provision of an ambulance is under consideration.

Erith U.—An extra ambulance was purchased during the year, thus making four ambulances for the area—three for non-infectious, and one for infectious, cases.

Hythe B.—The existing ambulance is to be replaced by a more up-to-date vehicle.

Lydd B.—A new ambulance was provided by the local branch of the St. John Ambulance Association, and will serve *Lydd Borough, New Romney Borough* and *Romney Marsh Rural*.

Northfleet U.—An additional ambulance was provided by the local division of the St. John Ambulance Brigade.

Penge U.—There is a co-ordination scheme between the ambulance services of Penge, Beckenham and Bromley.

Rochester C.—A new ambulance was purchased for the St. John Ambulance Brigade.

Eastry R.—The authority does not provide an ambulance for non-infectious cases : ambulances can be hired from adjoining areas.

Hollingbourn R.—A new ambulance has been provided by the Lenham Branch of the St. John Ambulance Association.

No adverse comments upon ambulance facilities are to be noted in the reports of the district medical officers of health ; and it may be said that Kent as a whole is well served in this matter.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

My Annual Report for 1930 contained a list of the institutions provided by, or partly used by, the Kent County Council, for the accommodation of mentally defective cases, and variations in that list have been reported in succeeding Annual Reports. During 1935, arrangements were made for the reception of Kent patients at the following institutions :—

Coldeast Colony, Sarisbury, near Southampton.
Howbeck Colony, West Hartlepool.

On December 31st, 1935, there were 951 Kent cases being maintained in Certified Institutions and Approved Homes—433 males and 518 females.

NURSING ASSOCIATIONS.

A list of all districts in the county which are served by nursing associations, or by committees undertaking general district nursing, was printed in my annual report for 1930, and changes have been noted in the reports issued since then. The following notes refer to changes during 1935 :—

Chislehurst and Sidcup U.—Mottingham is now served by a new Association.

Dover B.—A new Association has been formed in Dover.

Romney Marsh R.—A new Association has been formed for Bilsington, Bonnington, Hurst, Newchurch, Orlestone, Ruckinge and Snave.

PUBLIC ASSISTANCE HOSPITALS.

The following system of classification of Institutions is in force :—

Willesborough Institution.—This institution is used entirely for mental patients.

Hothfield Institution.—This is still used as a mixed institution. The majority of the accommodation is for house cases and chronic sick cases. The more complicated sick cases which arise are, wherever possible, transferred either to the County Hospital, Pembury, or one of the other County Public Assistance Hospitals.

County Hospital, Farnborough.—The rapidly increasing population in North-West Kent has caused continued pressure at the County Hospital, Farnborough, which remains fully occupied.

During the period under review work upon the new ward block of 100 beds was commenced, and it is anticipated that this will be completed by the end of August, 1936.

Plans for the provision of an X-ray unit were prepared and approved and the scheme put forward. This has now been approved by the Ministry of Health and work will be commenced as soon as possible.

In order to alleviate pressure on the hospital accommodation, arrangements were made for the transfer of patients to the Ministry of Pensions Hospital at Orpington, which has now been wholly acquired by the County Council.

As from the 1st May, 1936, the Ministry of Health recognised the Hospital as a Public Assistance Hospital within the meaning of article 75 of the Public Assistance Order and in pursuance of the revised arrangements the Medical Officer has been designated Medical Superintendent and a Steward appointed for the Hospital portion, in lieu of the vacant post of Institution Master.

As some house cases still remain at Farnborough the Steward has been designated Acting Master in respect of that portion of the Institution.

County Hospital, Dartford.—This hospital continues to be used to its full capacity.

Tenders for the new maternity unit and alterations to the existing buildings were accepted in June, 1936, and work will be commenced as soon as possible.

The various clinics have been in full use during the period under review and in connection with them a gymnasium has been opened and equipped. In June 1935, approval was given to the establishment of a urological clinic which has already proved of great value and is being continued permanently.

The special treatment available at Dartford is utilised by patients from other parts of the county as well as persons residing in the vicinity. During the year consideration was given to the purchase of an X-ray apparatus and an up-to-date unit was installed in June, 1936, and housed in a temporary building. A scheme is under consideration for permanent accommodation.

Dover Institution.—This is still in use for general institution cases.

The new laundry has been completed and the general remodelling scheme is in progress.

Eastry Institution.—This continues to be used very largely for the reception of mental defectives and mental patients, and although some of the accommodation is not at all suitable for the purpose, the institution has been of assistance in taking cases from other Public Assistance institutions where mental defectives would otherwise have been accommodated with ordinary inmates.

In view of the development of Leybourne Grange Colony for the reception of mental defectives it is considered inadvisable to carry out any extensive works of a capital nature at Eastry, but during 1935 a scheme was prepared for improvement to the sanitary accommodation in the Infirmary. This has since been put in hand.

Faversham Institution.—Very little alteration has taken place at this institution, which continues to be used as a mixed institution, and is normally able to meet the requirements of the district.

Milton Institution.—This continues to be used very much as formerly, although the proportion of chronic sick cases is much higher than prior to the transfer from the Guardians to the County Council. This is mainly due to the fact that it has been necessary to arrange for the institution to relieve the pressure on other institutions.

County Hospital, Sheppey.—The scheme for alterations and additions to the hospital has now been completed in its initial stage, but consideration is being given to further developments including the provision of an X-ray unit and improved accommodation generally.

The special facilities for the reception of maternity cases continue to be very widely used to meet the needs of the Isle of Sheppey, and the practice of allowing patients to be treated by their own doctors has proved to be very acceptable to the patients.

Bridge Institution.—This continues to be used mainly for ordinary institution and senile cases.

Lyminge Institution.—This continues to be used as a mixed institution for the Folkestone and District Area, and also to a certain extent to relieve the pressure on other institutions in the vicinity.

During the year detailed consideration was given to a scheme for the provision of additional hospital accommodation providing in the first instance for an increase of 228 beds.

Gravesend Institution.—This continues to be used as a mixed institution.

Strood Institution.—This will be closed on the 30th September, 1936.

Coxheath Institution.—The main scheme of remodelling has now been completed.

During the year the old school block was adapted for the reception of mental defectives and mental patients and is now in use for that purpose. This has enabled the very unsatisfactory male mental wards at Chatham to be closed and has relieved the pressure on other institutions in the county.

Cranbrook Institution.—This continues to be used for the accommodation of ordinary house cases and chronic sick cases, together with a certain number of able-bodied mental defectives.

During 1935, the scheme for the provision of the new Nurses' Home was approved and the building is now in course of erection.

Malling Institution.—This continues to be used as previously and meets the needs of the district, providing accommodation for ordinary house cases and chronic sick cases.

Any patients requiring special hospital treatment are transferred to the County Hospital, Pembury.

County Hospital, Chatham.—Formerly known as the Medway Hospital.

There has been continued pressure on the accommodation at this hospital. It is anticipated that a new ward block for eighty-nine patients will be completed at the end of September, 1936. An operating theatre has been provided.

Blean Institution.—This continues to be used as previously, the infirmary being used for female mental patients.

Thanet Institution.—At times there has been pressure on the infirmary accommodation.

During 1935, further consideration was given to the erection of a new Nurses' Home and improvements and additions to the infirmary accommodation. Detailed schemes were approved by the County Council at its meeting in July, 1936.

Work on the erection of the new nursery was commenced during the period under review and the building has recently been completed.

Sundridge Institution.—This institution is still used entirely for female mental and mentally defective patients.

County Hospital, Pembury.—This institution is still used as formerly. Patients requiring special hospital treatment have been transferred thereto from other parts of the County.

The hospital has now been approved by the General Nursing Council as a complete training school.

CHILDREN'S HOMES.

ASHFORD AND DISTRICT.

Charing Children's Home.—This Home is now only used for girls and there is accommodation for twenty.

Wye Children's Home.—This Home, which was formerly a private house and provided accommodation for thirty children, was closed on the 18th July, 1935, and the majority of the children were transferred to the Medway Children's Home, Chatham. The house has since been sold.

BROMLEY AND DISTRICT.

There is no Children's Home in this area and the majority of children are sent to the Medway Children's Home.

DARTFORD AND DISTRICT.

There is no Children's Home in this area and the majority of children are sent to the Medway Children's Home.

DOVER AND EASTRY.

Since its transfer to the County Council new buildings have been erected to provide accommodation for an additional eighty-four children in six houses each accommodating fourteen children. The cost of the scheme, including a house for a Superintendent and Matron and ancillary buildings was £11,197.

The original building was modernised at a cost of £128. A Scheme has been approved for the provision of additional storage accommodation at an estimated cost of £210.

These homes are used to accommodate both girls and boys.

Provision has been made in the estimates for the ensuing year for a combined recreation hall and workshop to be provided.

FAVERSHAM AND DISTRICT.

Church House.—There is accommodation for thirty-one girls in this Home. The County Council has approved a scheme for the provision of improved Dining Room, Day Room, and Sanitary accommodation at an estimated cost of £450. The work will be carried out during the next financial year.

Langley House.—This Home provides accommodation for thirty boys.

FOLKESTONE AND DISTRICT.

Cheriton Children's Home.—Two additional houses have been erected each providing accommodation for fourteen children and a foster mother. There is now accommodation for ninety-six children. There is a gymnasium which was presented to the Guardians by a former member. A playing field has been provided near the Home.

GRAVESEND AND DISTRICT.

Lorne Villa, Strood.—It is anticipated that this Home will be closed in September, 1936.

MAIDSTONE AND DISTRICT.

Malling Children's Home.—The Home at Malling consists of two houses which were converted into one and is used to accommodate sixteen girls.

MEDWAY TOWNS AREA.

Medway Children's Home.—The Home consists of seventeen houses each having accommodation for sixteen children, but on some occasions it has been necessary to have seventeen children in each house. There is a receiving block with accommodation for thirty-four children.

A building which had been erected to provide isolation accommodation has been equipped as a hospital for sixteen children. Two staff nurses are employed. This prevents the necessity of transferring to the County Hospital, Chatham, children suffering from minor ailments.

The accommodation at the Home not only meets the needs of the Medway Towns area, but the majority of the children from the Bromley and District and Dartford and District areas are admitted to this Home. Children are also sent from the Maidstone and District and Gravesend and District areas.

THANET AND DISTRICT.

Manston Children's Home.—There is accommodation for 144 children at this Home. Owing to the healthy situation of the Home it is the practice to transfer a number of delicate or convalescent children from other Homes or Institutions in the County to this Home. The Home meets the needs of the Thanet and District area. There is some surplus accommodation which has been used to meet the needs of the County generally.

TONBRIDGE AND DISTRICT.

Riverhead Children's Home.—This Home provides accommodation for twenty-five children. The building was formerly a dwelling house and has been adapted for the purpose for which it is now used. This Home meets the needs of the area insofar as girls are concerned.

Chalfont Receiving Home.—The Boys' Home at Chalfont is now used temporarily as a receiving home.

PUBLIC ASSISTANCE MEDICAL OUT-RELIEF. The position with regard to medical out-relief has remained practically unchanged.

The special arrangements in the Dartford area have been continued and pending a decision by the Public Assistance Committee as to the action which should be taken on this matter in regard to the County generally, the appointments of district medical officers to fill vacancies as and when they arise are made on a temporary basis.

LOCAL GOVERNMENT ACT, 1929. Nothing special transpired during the year to necessitate a conference with representatives of voluntary hospitals under section 13 of the Local Government Act, 1929.

CASUAL WARDS.

The County Hospital, Farnborough.—Additional accommodation was provided for twenty-six men in 1934. A further scheme was prepared but was held in abeyance during negotiations in connection with the Ministry of Pensions Hospital at Orpington. Owing to the decrease in the number of admissions, the scheme has not been carried out but it is probable that a further scheme will be necessary when bedsteads have been substituted for the existing bed-boards.

Faversham Institution.—New Casual Wards were erected and occupied in 1934, to provide accommodation for fifty-five male casals.

The County Hospital, Medway.—Various internal improvements have been made to the existing wards, including the provision of improved bathing facilities. It is likely that a further scheme for the provision of increased dayroom accommodation will be necessary.

The County Hospital, Pembury.—Additional dormitory accommodation for thirty male casals was provided in 1933. As this accommodation proved insufficient for the number of casals seeking admission a further scheme to provide additional dormitory accommodation for thirty-five male casals and the re-arrangement of the existing bathing and sanitary arrangements was prepared and is at present in hand.

Lympinge Institution.—No additional accommodation was necessary to these Wards but a waiting shelter has been provided and it is probable that a scheme will be prepared to provide improved bathing facilities.

Gravesend Institution.—A scheme has been prepared to provide additional dayroom accommodation and improved washing and bathing facilities and is at present in hand.

Malling Institution.—Several schemes have been prepared for the erection of entirely new Wards to provide accommodation for fifty male casuals but these schemes have been rejected by the South Eastern Counties Joint Vagrancy Committee on account of the high cost.

The purchase of additional land upon which new Wards may be erected is at present being considered.

Particulars of the medicines, etc., supplied from the County Dispensing station for use at the Public Assistance Hospitals during the last financial year are as follows :—

Bottles of Medicine	...	...	...	...	...	4,723
Lozenges and Pastilles (lbs.)	...	...	...	...	...	67
Ointments (boxes)	...	...	...	...	...	252
Pills, Capsules, etc.	...	...	...	...	...	14,766

These figures do not include such items as acids, spirits, powders, disinfectants, etc.

PREVENTION OF BLINDNESS.

The ministry of Health requests that particulars should be given, in the Annual Report of the Medical Officer of Health, of any action taken under Section 66 of the Public Health Act, 1925, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes.

A scheme has been drawn up by the County Council, and this received the consent of the Ministry of Health in June, 1935. In view of the fact, therefore, that such scheme was in operation for only part of the year under review, comment upon its working is reserved until the next Annual Report, when roughly eighteen months will have elapsed.

The scheme provides for the County Council to :—

(1) Arrange for the ascertainment, through a system of voluntary notification to the County Council by medical practitioners or otherwise, of persons threatened with blindness and in respect of each such notification may pay the sum of 2s. 6d. or such other sum as it may from time to time determine Provided that only one payment may be made in respect of any one person and Provided Also that no payment shall be made to any person or body who is required by any statutory enactment or Regulations for the time being in force or by any terms of service or otherwise to give the notification.

(2) Arrange for the supervision of persons ascertained to be threatened with blindness whether they are receiving treatment or not and without restricting the generality of this clause may arrange for and bear or contribute towards the cost of any training necessary to ensure that suitable persons are available efficiently to carry out such supervision in the County.

(3) Provide means to enable suitable cases to take advantage of facilities for treatment, including the provision of financial assistance for that purpose.

(4) Provide or arrange for the provision of treatment for the prevention of blindness to persons ordinarily resident within the County at (a) premises provided equipped and/or staffed by the County Council (b) Hospitals either as in-patients or out-patients (c) clinics and (d) other approved places. Without restricting the generality of this clause "treatment" shall be understood to include (a) treatment for the prevention of blindness due to injury as well as to disease (b) the provision of spectacles.

(5) Disseminate or arrange for the dissemination of information regarding the prevention of blindness including the issue and distribution of literature having this object.

(6) Agree with any person for him to contribute the whole or part of the cost of any treatment given under this Scheme.

GENERALLY.

(7) In the carrying out of this Scheme and without restricting the generality of the foregoing clauses the County Council may do all such other acts and things as are incidental or conducive to the attainment of the objects of such Scheme.

I believe that the system of ascertainment and payment, which is referred to in the first clause, is the first of its kind to be inaugurated ; and the extent of response should be a matter of particular interest.

COUNTY PATHOLOGICAL LABORATORY.

GENERAL.

The past year has maintained the steady increase in the work of the County Pathological Laboratory, notably in the number of milk samples examined.

Acting on the decisions made with regard to School Milk and Grade A (Accredited) milk during 1934, this side of the work has grown to be an important section and a corresponding improvement in the general quality of milk in Kent has been noticeable.

It is of interest to note that the increase of work is in special examinations and not in the amount of work done in connection with Infectious Diseases such as Diphtheria.

The following table shows comparative figures for the past ten years.

Year	Diphtheria Swabs	Widals (Typhoid Fever)	Sputum (Pulmonary Tuberculosis)	Veneral Diseases	Water Examinations	Milk Examinations	Histological Examinations	Preparation of Auto-genous Vaccines	Ringworm	Various	Total
1926 ...	15,985	267	3,625	2,522	57	134	365	163	520	1,281	24,919
1927 ...	18,115	577	3,737	2,719	72	171	364	178	558	1,870	28,461
1928 ...	22,278	440	4,167	3,381	107	184	360	161	559	1,468	33,105
1929 ...	22,582	365	4,513	3,982	106	177	351	178	469	1,849	34,572
1930 ...	25,887	388	4,775	4,766	158	198	414	167	497	1,830	39,080
1931 ...	18,672	385	5,222	5,042	167	219	423	153	437	2,544	33,264
1932 ...	14,414	446	5,595	5,199	153	267	580	155	294	3,598	30,701
1933 ...	15,561	301	6,015	5,981	234	321	523	174	199	4,648	33,957
1934 ...	21,722	270	5,905	6,411	151	355	503	168	255	5,044	40,784
1935 ...	20,899	262	5,584	7,648	190	2,870	492	181	201	4,207	42,534

NEW DEVELOPMENTS.

The outstanding development of 1935, was the inauguration of two Branch Laboratories, at the Public Assistance Institutions of Farnborough and Pembury, in the early part of the year. The organisation and ordering of equipment were carried out by the County Pathological Laboratory, and the technicians appointed spent a short time there in order that they might become accustomed to the general methods in use.

The Institutions have undoubtedly found these laboratories of the greatest possible value in saving time in rapid diagnosis and in having certain tests performed, as a routine, which would otherwise have been impossible.

Details of investigations carried out at each laboratory are given below :—

Inst.	Bact. Exams.	Chem. Exams.	Blood Exams.	Various.	Total.
Farnborough ...	1,010	248	494	650	2,402
Pembury ...	545	389	213	211	1,358

DIPHTHERIA.

As was indicated in the Annual Report for 1934, laboratory work in connection with Diphtheria consists of :—

- (a) Diagnosing the disease in its acute stage.
- (b) Tracing “ carriers ” in families and larger communities.
- (c) Establishing freedom from infection by the Klebs-Löffler bacillus.
- (d) Testing the virulence of an organism which has been “ carried ” by the patient for a long time.

The following table shows the number of specimens examined under the above headings :—

	Positive.	Negative.	Total.
Acute Stage	619	4,654	5,273
Contacts	259	5,328	5,587
Discharge Cases	2,123	7,916	10,039
Virulence Tests			118
Total Examinations ...			21,017

EXAMINATION FOR HAEMOLYTIC STREPTOCOCCI.

The valuable work in connection with this organism has been continued and the swabbing of contacts with a case of puerperal fever is now a routine investigation.

During the past year 931 swabs have been examined for this purpose.

TYPHOID AND ALLIED FEVERS.

No. of examinations :—

	Positive.	Negative.	Total.
Widal Test in Acute condition ...	54	208	262
Examination of fæces and urine in acute stage or to establish freedom from infection			165
			427

There have been sporadic cases of Typhoid and Allied Fevers, but as the number indicates, there is no evidence of any form of epidemic.

TUBERCULOSIS.

1935 saw the adoption of a new technique for the detection of tubercle bacilli in sputum, pus, pleural fluids, etc. ;—namely the cultivation of a certain percentage of these specimens on Lowénstein's medium. Although this method is still in the experimental stage, it has the advantage of being quicker and considerably less costly than a biological test.

The following table shows details of examinations for the tubercle bacillus.

	Positive.	Negative.	Total.
Sputum	1,398	4,186	5,584
Pus			54
Pleuritic and Other Fluids			27
Urine			60
Fæces			23
Biological tests, pus, urine, etc. ...			154

BACTERIOLOGICAL EXAMINATIONS OF WATER.

It is obvious that bacteriological examinations of water supplies will quickly indicate sources of contamination and detailed investigation will often reveal the type of organism responsible for the pollution of the water.

We have, during the year, examined 190 samples and these have proved, on the whole, to be reasonably satisfactory.

BACTERIOLOGICAL EXAMINATIONS OF MILK.

There has been a great increase in the number of milk samples examined. This, of course, is partly due to the routine examination of milks supplied to schools, and of the milk of producers who have obtained licences under the Grade A (Accredited) Milk Scheme. Biological tests for tubercle bacilli in milk have also shown a large increase, and in this the Department of the County Veterinary Officer and the laboratory have worked in close connection.

(A) *Counting and B. coli Tests.*

Designated Milks	...	...	...	...	...	...	...	...	713
(Certified, Grade A (T.T.), Grade A (Pasteurised) Grade A (Accredited).									
School	...	...	...	...	...	...	...	...	1,563
Others (for Medical Officers of Health, Kent Milk Recording Society, etc.)	...	...	...	...	...	...	...	...	594

(B) *Biological Tests for Tubercle Bacilli.*

							<i>Positive.</i>	<i>Negative.</i>	<i>Total.</i>
Herds	...	...	...	...	...	...	9	167	176
School	...	...	...	...	...	...	14	352	366
Group samples and individual cows for Veterinary Officer	...	...	...	...	...	...	24	305	329
Tuberculosis Order	...	...	...	...	...	...	2	11	13

EXAMINATIONS IN CONNECTION WITH VENEREAL DISEASES.

The work carried out in the laboratory in connection with Venereal Diseases has shown a steady increase throughout the year.

The following table gives an analysis of this work :—

	Clinics.	Hospitals and General Practitioners.	Total.
(a) Wassermann Test for Syphilis			
On Blood	1,538	2,753	4,291
On Cerebrospinal fluid	—	198	198
(b) Smears, etc., for Gonococcus	1,997	478	2,475
(c) Complement Fixation Test for Gonococcus	416	45	461
(d) Examination of serum for Spirochaeta Pallidum	20	3	23
(e) Other Examinations	7	193	200
Total Examinations	3,978	3,670	7,648

HISTOLOGICAL EXAMINATIONS OF TISSUE.

The number of tissues examined, showed a slight decrease from the number of the previous year, i.e., 492, as compared with 503 in 1934.

BIOCHEMISTRY.

Apparatus was obtained, and the technique was acquired of several new tests, such as the urea estimation in blood and urine, and it is expected that this service will be fully extended with the extra facilities provided in the new laboratory.

Blood sugar tests	79
Blood urea tests	1
Cerebrospinal fluids (various tests)	119
Urines (various tests)	178
Occult blood in fæces	99
Total	476

AUTOGENOUS VACCINES.

During 1935, 181 vaccines were prepared, as compared with 168 during the previous year.

OTHER EXAMINATIONS.

Miscellaneous investigations not mentioned above are shown herewith :—

(a) Hairs, etc., for ringworm and similar conditions	201
(b) Blood counts (Hæmoglobin, Red and White cells and Differential) ...	139
(c) Bacteriological examination of urine for B. Coli and other organisms ...	434
(d) Microscopic examination of urine... ..	136
(e) Cerebrospinal fluids for meningococci, tubercle bacilli and other organisms.	32
(f) Pus for bacteriological examination	159
(g) Blood for malaria	7
(h) Fæces for protozoa, worms, ova, etc.	20
(i) Fæces and urine for dysentery organisms	28
(j) Agglutination tests for B. abortus	1
(k) Bacteriological examinations of various body fluids	106
(l) Bacteriological examinations of ice cream	19
(m) Fluids for presence of cancer cells	4
(n) Blood cultures	59
(o) Blood grouping tests	3
(p) Medico-legal examinations... ..	1
(q) Miscellaneous, not classified	154
Total	1,503

WORK AT BRANCH LABORATORIES.

Sheerness Auxiliary.

	Positive.	Negative.	Total.
Diphtheria	4	57	61
Sputum	0	7	7
Ringworm	57	66	123
Total ... ..	...	...	191

The following is an extract from my Annual Report for 1935 on the work of the School Medical Service in Kent, and deals with the Kent Education Committee's Scheme of supplying milk to school-children :—

MILK IN SCHOOLS.

The scheme for the supply of milk at a cheap rate continues in a large number of schools in the county. As was expected after the initial enthusiasm for the

scheme had subsided, the number of children taking milk decreased. The following figures have been obtained from returns submitted by head teachers :—

					<i>November.</i>	<i>March.</i>	<i>October.</i>
<i>Elementary Schools.</i>					1934.	1935.	1935.
No. of Departments	...	...	...	...	549	551	545
No. of Departments with Milk Clubs	...	...	...	...	471	471	463
No. of Departments without Milk Clubs	...	...	...	...	78	80	82
Average Roll	...	...	...	...	82,062	81,427	79,782
Average Attendance	...	...	...	...	74,302	71,999	73,457
No. of Pupils Receiving Milk	...	...	...	...	41,862	37,514	33,703
<i>Institutions for Higher Education.</i>							
No. of Milk Clubs	...	...	...	...	33	25	32
No. of Pupils Receiving Milk	...	...	...	...	4,616	3,460	4,191

In addition, in the Elementary Schools, 1,571 children were receiving dried or malted milk preparations, and in the Higher Institutions 48 children.

Included in the figures of those receiving milk are children who are being given it free on medical grounds under the scheme for the care of delicate children.

During the past year practically every school under the administration of the Kent Education Committee using the School Milk Scheme has had its supply examined three times for cleanliness, i.e., the number of bacteria present. Each separate supply, when not pasteurized, has also been examined at least once for tubercle bacilli.

There are 530 schools now using the School Milk Scheme, and of these, roughly 38 per cent. are supplied with milk treated by a Pasteurizing process. Since the inauguration of the Grade A Accredited Milk Scheme, several of the suppliers have obtained a Grade A licence, and their milk is generally found to be satisfactory.

The general procedure has been as follows : from Monday to Friday of each week of the school term, about ten samples have been sent in daily from two or more Sanitary districts, by the School Enquiry Officer concerned, who has notified the Laboratory by telegram or telephone of the time at which the samples are due to arrive. The diluting and plating out of the milks are always begun at 3 p.m. After forty-eight hours incubation, the plates are counted and reports sent to the Kent Education Committee and to the Medical Officer of Health in whose district the school lies, together with a letter (should the result be unsatisfactory) asking for an investigation into the methods of the supplier.

For the first term, an ordinary counting test was performed on the milks, but it was realized that as the weather got warmer some multiplication of the bacteria would take place between the times of collection and examination. It was found to be impracticable to have the samples sent on ice, so special calculations were made to estimate and allow for this multiplication of bacteria.

Towards the end of the first term, a series of experimental tests were made, to find out to what extent the number of bacteria increased in milk kept at ordinary outdoor temperature from 9 a.m. to 3 p.m. Temperatures were recorded daily at 9 a.m., 12 noon and 3 p.m., and a sample of milk, kept out of doors in a wooden container, plated out at 9 a.m. and 3 p.m. The results were recorded in the form of a graph. When large numbers of tests had been made at varying average daily temperatures, a rough curve was formed from which a factor could be found for any average daily temperature, and by means of which the number of organisms present in a milk at 9 a.m. could be estimated.

When additional provision for biological examinations had been made, tests for tubercle bacilli were done on all *supplies* except those which were pasteurized or which came from districts where all the farms had been visited recently by the County Veterinary Officer. This procedure was followed for the first two terms, but in the last term, all except pasteurized supplies were tested. Forty tests were performed during the first term, of which two were positive, and the farms—at Sandwich and Whitstable—were immediately visited by the County Veterinary Officer, who was successful in eliminating the source of the tubercle bacilli. During the second term, 131 tests were performed and four gave positive results. The farms concerned in these were also visited and infectious animals destroyed. Similar action was taken in regard to eight farms found during the winter term to be the source of tuberculous milk.

There has been, throughout the year, a noticeable improvement in the condition of milk supplied to schools. The results were better during the first term than those obtained from samples examined during 1934, and this higher standard was maintained through the warm summer months when milk counts are naturally higher than during the winter. During the winter term there has been a striking number of days when every sample came well within the prescribed standard and actually during this term as many as 36 supplies showed less than 1,000 organisms per c.c. It is now a rarity to find what might be described as a very bad milk.

It will be noticed from the Tabulation below that the largest number of counts each term were between 10,000 and 50,000 and that the percentage of Ordinary milks passing the test was never very far below that of the "Pasteurized" milks. During the summer and winter terms there was a slightly higher number of failures amongst the "Pasteurized" milks, than the first term; but on the other hand, a steady improvement may be observed in the ordinary milks.

It is hardly necessary to stress the real practical value of this work. In my opinion the improvement which is resulting from the efforts made to improve "school milks" will eventually have a marked influence on the quality of the milk supplied to the public generally.

SHOWING THE RESULTS OF COUNTING TESTS ON SAMPLES OF SCHOOL MILKS TAKEN DURING THREE TERMS OF 1935.

SPRING TERM.

Organisms per c.c.	" Pasteurized."	Ordinary.	All Milks.
Over 1,000,000	5	18	23
500,000-1,000,000	4	21	25
200,000-500,000	10	47	57
Total Milks failing to pass Test ...	19	86	105
50,000-200,000	42	101	143
10,000-50,000	86	96	182
1,000-10,000	28	23	51
Under 1,000	—	3	3
Total Milks passing Test	156	223	379
Total	175	309	484

SUMMER TERM.

Over 1,000,000	2	13	15
500,000-1,000,000	12	30	42
200,000-500,000	19	26	45
Total Milks failing to pass Test ...	33	69	102
50,000-200,000	24	76	100
10,000-50,000	52	83	135
1,000-10,000	61	69	130
Under 1,000	9	16	25
Total Milks passing Test	146	244	390
Total	179	313	492

WINTER TERM.

Over 1,000,000	8	20	28
500,000–1,000,000	5	18	23
200,000–500,000	8	25	33
Total Milks failing to pass Test ...	21	63	84
50,000–200,000	21	53	74
10,000–50,000	47	100	147
1,000–10,000	79	68	147
Under 1,000	11	24	35
Total Milks passing Test	158	245	403
Total	179	308	487

TOTAL SUPPLIES FOR THE YEAR.

Term.	“ Pasteurised ” Milks.		Not Pasteurized Milks.		All Milks.	
	Failed.	Passed.	Failed.	Passed.	Failed.	Passed.
Spring ...	19 (10·9%)	156 (89·1%)	86 (27·8%)	223 (72·2%)	105 (21·3%)	379 (78·7%)
Summer ...	33 (18·4%)	146 (81·6%)	69 (22%)	244 (78%)	102 (20·7%)	390 (79·3%)
Winter ...	21 (11·7%)	158 (88·3%)	63 (20·4%)	245 (79·6%)	84 (17·2%)	403 (82·8%)
Total ...	73 (13·7%)	460 (86·3%)	218 (23·4%)	712 (76·6%)	291 (20%)	1,172 (80%)

TREATMENT OF CRIPPLED CHILDREN.

The county scheme for the treatment of crippled children continued to operate satisfactorily during 1935.

The scheme includes the provision of eighty beds at the Alexandra Hospital at Swanley, not less than forty-eight being for tuberculous cripples and not more than thirty-two for patients suffering from crippling defects due to other causes. For those children who are of school age education is provided. The whole of these beds are now occupied by Kent patients.

Necessary surgical appliances are provided for patients on the recommendation of the orthopædic surgeons, and X-ray films are taken at various approved institutions. Cases arising for electrical treatment, massage, exercises, etc., receive daily treatment, where necessary, at certain of the clinics, at St. Mary's Convalescent Home, Birchington, or at the homes of the children.

The parents of patients are asked to contribute towards the cost of institutional treatment and surgical appliances, in accordance with their means.

In addition, the following three hospitals have provided a limited number of beds for patients who do not require prolonged institutional treatment, viz. :—

- (a) West Kent General Hospital, Maidstone.
- (b) Kent and Canterbury Hospital, Canterbury.
- (c) County Hospital, Dartford.

These three hospitals have each established a properly equipped orthopædic out-patient department, and a complete list of out-patient clinics is set out below :—

Address.	Day and time of Opening.	Orthopædic Surgeon Attends.	Name of Surgeon.
Ashford Child Welfare Centre, Station Road, Ashford.	Each Wednesday at 11.30 a.m.	First and third Wednesdays in each month.	A. L. Moreton, Esq., M.S., M.B., F.R.C.S., L.R.C.P.
Wesleyan Methodist Church Rooms, York Street, Broadstairs.	Each Tuesday at 11.30 a.m.	First and third Tuesdays in each month.	Ditto.
Kent and Canterbury Hospital, Canterbury.	Each Wednesday, from 10 a.m. to about 1 p.m.	Each Wednesday.	A. B. Beresford-Jones, Esq., M.S., M.B.
County Hospital, Dartford.	First Tuesday in each month at 4.0 p.m. and third Tuesday in each month at 2.30 p.m.	At each opening.	H. E. Batten, Esq., F.R.C.S., L.R.C.P.
*Tuberculosis Dispensary, 41 Overy Street, Dartford.	First Tuesday in each month at 3.0 p.m.	Ditto.	Ditto.
West Kent General Hospital, Maidstone.	Each Friday. New Patients should arrive at the Union Street entrance of the hospital before 10 a.m., if possible. No patient is admitted after 11.15 a.m.	Ditto.	A. H. Todd, Esq., M.S., M.B., B.Sc., F.R.C.S. L.R.C.P.
Dorset House, St. John's Road, Sevenoaks.	Each Monday at 10.30 a.m.	Second and fourth Mondays in each month.	A. L. Moreton, Esq.
Sheerness Town Welfare Centre, Marine Parade, Sheerness.	Each Monday at 11.30 a.m. ...	First and third Mondays in each month.	Ditto.

*For tuberculous cripples only.

Voluntary Committees of Ladies interested in the work, assist at the Ashford, Broadstairs, Sevenoaks and Sheerness Clinics.

Travelling expenses of patients are met by the Kent County Council in necessitous cases.

The above arrangements apply to :—

- (i.) All crippled children under five years of age living in the area in which the County Council is responsible for maternity and child welfare.
- (ii.) All children attending schools of the Kent Education Committee.
- (iii.) All tuberculous cripples up to sixteen years of age.
- (iv.) Children (under five years of age or attending elementary schools) in the following autonomous districts, the Councils of which have arranged to participate in the County scheme :—

Boroughs of Faversham, Gravesend, Margate.

Urban Districts of Ashford, Bexley, Crayford, Dartford, Milton and Sittingbourne, Northfleet, Sevenoaks, Sheerness.

Rural Districts of Dartford, Milton, Tonbridge.

The following are particulars of attendances of patients at the orthopædic *out-patient* clinics during the year ended December 31st, 1935 :—

Clinic.	New Patients.	Attendances.	Old Patients.	Attendances.	Total Attendances of all Patients.	Allocation of Attendances.				No. of openings of Clinics.
						County T.B.	County M.C.W.	K.E.C.	Autonomous Authorities.	
Ashford ...	71	316	73	443	759	28	33	693	55	51
Broadstairs ...	38	66	52	177	243	59	5	195	184	53
Canterbury ...	78	206	67	160	366	34	74	225	9	49
Dartford ...	167	489	162	502	991	73	66	734	64	24
Maidstone ...	77	208	46	258	466	31	73	368	—	51
Sevenoaks ...	88	365	71	394	759	22	60	627	120	48
Sheerness ...	93	617	84	688	1,305	15	34	1,180	75	48
Special Attendances for Massage, etc. ...	—	—	—	—	4,861	16	407	4,290	148	—
Totals ...	612	2,267	555	2,622	9,750	278	752	8,312	655	324

Classification of defects of the 612 children who attended the *out-patient* clinics for the first time during 1935 :—

Defect.	Tuberculosis Cases.		M.C.W. Cases.		School Cases.		Autonomous Cases.	
	M.	F.	M.	F.	M.	F.	M.	F.
Clubfoot ...	—	—	6	7	2	3	5	3
Congen. disloc. of Hip ...	—	—	—	3	3	1	—	1
Congen. malformations ...	—	—	2	3	14	17	3	2
Congen. paralyses ...	—	—	4	4	10	10	1	2
Hip ...	8	1	—	—	—	—	—	—
Knee ...	—	—	—	—	—	—	—	—
Ankle ...	—	—	—	—	—	—	—	—
Tuberculosis { Foot ...	4	2	—	—	—	—	—	—
Joints of Upper Limb	1	—	—	—	—	—	—	—
Spine ...	5	5	—	—	—	—	—	—
Deformities due to Rickets ...	—	—	22	16	28	29	21	13
Poliomyelitis and resulting deformities	—	—	—	1	2	7	—	—
Flatfoot ...	—	—	3	2	41	57	1	7
Curvature of Spine ...	—	—	3	1	42	85	—	1
Deformities, etc., the result of fracture	—	—	—	3	11	13	—	1
Amputations for injury or disease ...	—	—	—	—	—	—	—	—
Disabilities from osteitis and periostitis	—	—	—	—	1	4	—	—
Arthritis ...	—	—	—	—	1	5	1	—
Deformities due to Nerve injury or disease ...	—	—	2	—	7	5	2	—
Other deformities ...	—	—	2	4	8	10	2	1
No information ...	—	—	—	1	—	1	—	—
No defect discovered ...	—	—	—	1	8	4	—	—
Totals ...	18	8	44	46	178	251	36	31

	Alexandra Hospital.	Kent and Canter- bury Hospital.	County Hospital Dartford.	West Kent General Hospital Maid- stone.	Total.
Number of patients admitted during the year	45	30	27	10	112
Number of patients discharged during the year	46	30	25	14	115
Number of patients under treatment on January 1st, 1936	96	2	1	1	100

The numbers of tuberculous cripples who received in-patient treatment during 1935, are included in the section of this report dealing with the County Tuberculosis Scheme (p. 37). In addition thirty-one children received in-patient treatment under the County M.C.W. Scheme, eighty-three through the Kent Education Committee, and thirteen from the areas of autonomous authorities.

Number of patients on the waiting list for institutional treatment on December 31st, 1935—24.

Contributions towards the cost of in-patient treatment of cripples under five years of age, who were admitted to institutions during 1935 :—

	County M.C.W.
i. Number of patients voluntarily contributing	5
ii. Number of cases unable or unwilling to contribute	7
iii. Number of patients whose parents are box holders or pay day contributors to the hospitals concerned	10
iv. Number of cases in course of settlement	—

(No charge is made against parents for out-patient treatment under the County M.C.W. scheme, nor is any charge made against parents who are box holders or pay day contributors for in-patient treatment under the County M.C.W. Scheme.).

Additional matters dealt with during the year :—

	County M.C.W.	Kent Education Committee.	Public Assistance Committee.	Autonomous Authorities.	Total.
Patients X-rayed for diagnosis purposes	4	35	—	5	44
Surgical Appliances provided for patients	37	185	3	25	250
Necessitous cases for travelling expenses :					
New cases in 1935	10	52	1	—	63
Old cases	5	23	—	—	28

The cases arising for travelling expenses, include patients who were unable to pay their own expenses in making journeys to the out-patient clinics, to institutions, or to obtain surgical appliances or special treatment recommended by the orthopaedic surgeon, e.g., massage, special exercises, sunlight clinic treatment, etc.

MATERNITY AND CHILD WELFARE.

The County Council is responsible for the administration of the Midwives Acts, 1902–1926, the Nursing Homes Registration Act, 1927, the Notification of Births Act, 1907–1915, the Maternity and Child Welfare Act, 1918, and Part 1 of the Children Act, 1908 (as amended by the Children and Young Persons Act, 1932), in the districts shown under the separate headings.

SUPERVISION OF MIDWIVES.—The following table shows the districts where the Midwives Acts are administered by the County Council, and the number of midwives practising therein at the end of 1935 :—

District.	Trained	Bona-fide	District.	Trained	Bona-fide	District.	Trained	Bona-fide
Urban.			<i>Urban (contd.)</i>			Rural.		
Ashford	8	—	New Romney	1	—	Ashford, East	3	—
Beckenham	19	—	Northfleet	3	—	Ashford, West	6	—
Bexley... ..	28	—	Orpington	17	1	Bridge-Blean	11	—
Broadstairs and St. Peter's	3	—	Penge	3	—	Cranbrook	4	—
Chatham	9	2	Queenborough	1	—	Dartford	10	—
Chislehurst and Sidcup	15	—	Ramsgate	12	—	Dover	6	—
Crayford	10	—	Rochester	6	—	Eastry	11	—
Dartford	9	—	Sandwich	2	—	Elham	9	—
Deal	9	—	Sevenoaks	7	—	Hollingbourn	4	—
Dover	11	—	Sheerness	3	—	Maidstone	9	—
Erith	8	—	Sittingbourne and Milton	6	—	Malling	16	—
Faversham	7	—	Southborough	4	—	Romney Marsh	1	—
Folkestone	11	—	Swanscombe	1	—	Sevenoaks	15	—
Gravesend	16	—	Tenterden	3	—	Sheppey	8	—
Herne Bay	5	—	Tonbridge	3	—	Strood	11	—
Hythe	3	—	Tunbridge Wells	11	—	Swale	9	—
Lydd... ..	2	—	Whitstable	4	—	Tenterden	5	—
Maidstone	18	—				Tonbridge	13	—
Margate	5	—						
				283	3	Rural	151	—
						Urban	283	3
						Totals	434	3
								437

In Bromley and Gillingham Boroughs, the Midwives Acts are administered by the respective Town Councils.

MIDWIFERY SERVICES.—The following districts (where there is not a livelihood for a midwife) are served by subsidized midwives, who receive either a guaranteed minimum annual income of £120, or a fixed annual grant :—Appledore and district ; Aylesford and district ; Boxley and district ; Charing ; Chelsfield ; Chevening, Dunton Green, Ide Hill and Toys Hill ; East Malling ; Elvington ; Hadlow and district ; Halling and district ; Hoo, Hoo St. Mary and High Halstow ; Borough of Hythe ; Kemsing and district ; Loose and district ; Petts Wood (Orpington) ; Selling and district ; Sidcup ; Snodland ; Stoke, Allhallows and Grain ; Tenterden and district ; Wouldham and Burham.

Grants, as shown below, were made during the year to newly formed associations or established associations in danger of lapsing through lack of funds :—

Wingham D.N.A.	£26
East Peckham D.N.A.	£30
Hartlip, Stockbury, and Bredhurst D.N.A.	£33
Bridge, Beakesbourne and Patricxbourne D.N.A.	£10
Teynham and Lynsted D.N.A. (Annual Grant for two years)	£12 10
Ash and Westmarsh D.N.A.	£10
New Romney and Littlestone D.N.A. (Annual Grant)	£10
Ruckinge D.N.A. (Initial Grant)	£30
(Annual Grant for three years)	£50

Financial assistance is given towards the provision of a motor car and/or telephone for midwives in certain sparsely populated districts, so that a wider area may be covered and there is a guarantee to midwives of the usual confinement fee (not exceeding two guineas) where women are unable to afford such fee.

TRAINING AND SUPPLY OF MIDWIVES.—Two candidates, approved for training under the County Scheme, passed the examination of the Central Midwives Board and commenced practising during the year. Twenty-two claims for grants were received from the Kent County Nursing Association during the year in respect of the provision of trained midwives.

WORK OF MIDWIVES.—The following tabulation shows various details respecting numbers of midwives, notifications received, etc., during the first two years of county administration, and each of the last five years :—

										1935.			
										South and East Miss Berry.	North and West Miss Sanders.	Total.	
					1909 (from May 1).	1910.	1931.	1932.	1933.	1934.			
Number of Midwives practising in the County on January 1st					351	361	322	330	342	375	184	214	398
Removed during year					16	15	51	45	46	85	35	25	60
Died „					6	8	—	3	1	—	1	2	3
Resigned during year					7	13	1	—	1	—	—	2	2
Certificates cancelled by Central Midwives Board during the year ...					—	8	—	—	—	—	—	—	—
Number of additional Midwives who notified their intention to practise in the County during the year ...					39	24	58	60	81	108	41	63	104
Number of Midwives practising on December 31st					361	341	330	342	375	398	189	248	437*
Number of cases censured and cautioned by the Central Midwives Board strictly to observe the Rules ...					—	3	—	—	—	—	—	—	—
Number of Midwives prosecuted for not notifying their intention to practise					—	1	—	—	—	—	—	—	—
Uncertified women prosecuted for practising as Midwives, etc. ...					—	4	—	—	—	1	—	—	—
Numbers of Notifications, Inspections, etc. :—													
Stillbirths					138	222	133	143	174	148	65	78	143
Deaths {Mother {Child					2	2	3	3	8	3	5	4	9
					22	26	38	31	37	50	19	18	37
Medical Help {Mother {Child					264	533	1,632	1,775	1,806	2,106	829	899	1,728
					80	162	354	397	356	385	177	148	325
Notifications of having laid out a dead body					—	—	82	89	93	101	20	29	49
Notifications of liability to be a source of infection					—	—	61	43	74	90	36	56	92
Notifications of having advised artificial feeding					—	—	79	64	42	96	27	32	59
Total Visits paid by Inspectors					1,487	2,255	1,295	1,282	1,379	1,363	840	921	1,761
Inspections of Bona-fide Midwives ...					449	710	10	14	10	6	1	3	4
Inspections of Trained Midwives ...					197	359	752	709	738	810	441	360	801

* Of these midwives 434 were trained as compared with 115 trained in 1909.

From enquiries made of each midwife, it has been ascertained that out of a total number of 17,389 births registered in the county midwifery area during the year 1935, 9,917 births were attended by midwives alone.

The following figures give details of the varying numbers of cases attended alone by midwives.

*262 midwives attended	25 cases or less
69 „	26 to 50 cases.
24 „	51 to 75 „
18 „	76 to 100 „
8 „	101 to 125 „
— „	126 to 150 „
2 „	151 to 175 „
2 „	more than 176 cases.

*Of this number, 159 were either district nurses or nurses working in Institutions and Hospitals or midwives who had commenced practising during the year.

SUMMARY OF REASONS FOR SENDING FOR MEDICAL HELP, 1935 :—

(a) For the mother :—

				South and East Kent	North and West Kent	Whole County
Abnormal Presentation	...	...	...	46	48	94
Abortion	...	...	...	24	20	44
Ante-partum hæmorrhage...	...	...	...	55	66	121
Obstructed or Delayed Labour	...	...	...	195	215	410
Post-partum hæmorrhage	...	...	...	24	20	44
Rise of Temperature	...	...	...	41	48	89
Retained placenta	...	...	...	21	29	50
Torn perineum	...	...	...	219	317	536
Miscellaneous	...	...	...	77	53	130
Ante-natal	...	...	...	127	83	210
Totals	...	...	...	829	899	1728

(b) For the child :—

				South and East Kent	North and West Kent	Whole County
Prematurity and feebleness	...	...	...	52	71	123
Deformities	...	...	...	9	19	28
Inflammation of the eyes	...	...	...	69	36	105
Skin eruptions	...	...	...	5	8	13
Miscellaneous	...	...	...	42	14	56
Totals	...	...	...	177	148	325

SUSPENSION FROM PRACTISE TO PREVENT THE SPREAD OF INFECTION.—During the year thirty-six midwives were suspended from practise for varying periods, to prevent the spread of infection.

Seventeen applications from midwives for compensation for loss during periods of suspension were received during the year, the total amount paid being £25 13s. 6d.

PUERPERAL PYREXIA, PUERPERAL FEVER AND OPHTHALMIA NEONATORUM.—Tables 4 and 5 show the number of cases of these diseases which were notified during the year. Those cases occurring in the practice of midwives are investigated in the ordinary course by the two Inspectors. See pages 97–98 for particulars of notifications, facilities for treatment, etc.

PAYMENT OF DOCTORS CALLED IN BY MIDWIVES (SECTION 14 OF THE MIDWIVES ACT, 1918).—1,830 claims were received from doctors during the year. The payments amounted to £2,418, £1,110 of which was recovered from patients in a position to refund the fee.

INSPECTION.—There are two whole-time Inspectors who report weekly on the work done throughout the County area.

ANNUAL POST-CERTIFICATE COURSE (TWELFTH) FOR MIDWIVES AND HEALTH VISITORS.—This course of lectures and demonstrations was held from 7th October to 11th October, 1935, and was as follows :—

“ Abnormalities of Pregnancy,” by *L. C. Rivett, Esq., M.A., M.C., F.R.C.S., L.R.C.P., M.C.O.G.

“ The Seven Pillars of Wisdom in Obstetrics,” by V. B. Green-Armytage, Esq., M.D., Ch.B., F.R.C.P., M.R.C.S., F.C.O.G.

“ Disproportion,” by *R. A. Brews, Esq., M.S., M.D., F.R.C.S., M.R.C.P., M.C.O.G.

" Fear in regard to Pregnancy and Childbirth," by G. Dick Read, Esq., M.A., M.D., B.Ch., M.R.C.S., L.R.C.P.

" The Nursing of Kidney Disease," by Miss V. M. Paffard, Sister Tutor, West Kent General Hospital, Maidstone.

" Complications of the Puerperium," by *A. J. Wrigley, Esq., M.D., B.S., F.R.C.S., L.R.C.P.

" First Three Days of Infant Life," by Alan A. Moncrieff, Esq., M.D., F.R.C.P.

" Injuries, Malformations and Diseases of the New Born Infant," by *Miss Mary A. Blair, M.D., B.S., B.Sc.

" Infant Feeding," by Lindsey W. Batten, Esq., M.B., B.Ch., M.R.C.P., M.R.C.S.

" Twin Pregnancies, etc.," by *Leslie Williams, Esq., M.S., M.D., F.R.C.S., F.C.O.G.

" Growth at Different Stages of Life in Relation to Ductless Glands," by Professor Winifred C. Cullis, C.B.E., M.A., D.Sc.

Demonstrations of the examinations required during the ante-natal period and at the onset of labour, were conducted by the lecturers marked with an asterisk, prior to their lectures. These demonstrations included abdominal palpations, foetal heart sounds, external measurements, the dosage and method of administration of drugs which should be used during labour, etc.

Visits were paid by parties of midwives to the County Bacteriological Laboratory, where lectures and demonstrations were given by the County Bacteriologist ; and several demonstrations of remedial exercises suitable for expectant and nursing mothers, were given by the Sister in Charge, Massage Department, St. Thomas's Hospital, London, and the Sister in Charge, Massage Department, Guy's Hospital, London.

Assistance in travelling expenses was given to necessitous midwives who would otherwise have been unable to attend the course.

Teas were provided, free of charge, and musical programmes took place during the tea intervals.

Two hundred and thirty one individual practising midwives and the majority of the County Health Visitors attended part or all of the Course and the total attendances were 2,014. The corresponding figures for 1934 were 205 and 1,956 respectively.

This course has proved an invaluable aid to midwives and health visitors alike enabling them to keep up-to-date in their work and has been much appreciated.

NURSING HOMES REGISTRATION ACT, 1927.—The County Council has delegated its powers and duties under this Act to thirty-three Local Sanitary Authorities in the county. In the areas of these autonomous authorities there are about 180 nursing homes registered, having about 200 maternity beds and over 700 " other " beds.

In the remaining twenty-five sanitary districts, as below, the Act is administered direct by the County Council :—

Boroughs.—Deal, Faversham, Hythe, Lydd, Maidstone, New Romney and Sandwich.

Urban Districts.—Bexley, Crayford, Dartford, Northfleet, Penge, Swanscombe and Whitstable.

Rural Districts.—Bridge-Blean, Dartford, Dover, Eastry, Elham, Hollingbourn, Mallings, Romney Marsh, Strood, Swale and Tenterden.

The following statistics relate to registrations during the year :—

							Maternity Homes.	Other Homes.
Number of	applications for registration	...	...	...	...	3	8
„ „	homes registered	...	...	...	...	3	6
„ „	orders made, refusing or cancelling registration					—	2	
„ „	appeals against such orders	...	...	...	...	—	—
„ „	applications for exemption from registration (including renewals)	...	...	...	...	—	6
Number granted	...	...	...	...	...	—	6

In seven cases certificates were cancelled by request, or the keeper of the Home removed without leaving any address.

The fifty-six nursing homes registered in the county area at the end of the year are classified as follows :—

Homes for maternity cases only	...	...	...	...	...	21
„ „ other cases only	...	...	...	...	...	18
„ „ maternity and other cases	...	...	...	...	...	17

Registers of cases, copies of bye-laws, etc., have been supplied to the keepers of all homes which have been registered.

NOTIFICATION OF BIRTHS ACTS, 1907-15. THE MATERNITY AND CHILD WELFARE ACT, 1918, AND PART I OF THE CHILDREN ACT, 1908 AND CHILDREN AND YOUNG PERSONS ACT, 1932.—These Acts are administered by the County Council in the following districts, which constitute the area covered by the County Maternity and Child Welfare Scheme, the population in 1935 being 438,774.

Boroughs.—Deal, Faversham, Hythe, Lydd, New Romney, Queenborough, Sandwich, Tenterden.

Urban Districts.—Broadstairs, Chislehurst and Sidcup, Herne Bay, Orpington, Southborough, Swanscombe, Tonbridge, and Whitstable.

Rural Districts.—Ashford East, Ashford West, Bridge-Blean, Cranbrook, Dover, Eastry, Elham, Hollingbourn, Maidstone, Malling, Romney Marsh, Sevenoaks, Sheppey, Strood, Swale and Tenterden.

The general supervision of this work and the work done by all health visitors and part-time nurses on the staff is carried out by the Medical Officer for Maternity and Child Welfare.

There are thirty-four whole-time health visitors whose duties include health visiting, infant life protection visiting, school nursing and tuberculosis visiting, and fifteen District Nurses also act as part-time health visitors.

The names of the part-time nurses and the districts in which they work is shown below :—

Nurse Carpenter, Chislehurst	Part of Chislehurst and Sidcup U.D.
Nurse Collins, Biggin Hill	} Parts of Orpington U.D.
Nurse Mortimer, Downe	...	...
Nurse Bhat, Farnborough	...	...
Nurse Heugh, Orpington	...	...
Nurse Shuttleworth, Chilham	} 6 Parishes in East Ashford R.D.
Nurse Foster, Wye	...	...
Nurse Bathgate, Kennington	...	...
Nurse Callard, Edenbridge	} 6 Parishes and parts of 2 Parishes in Sevenoaks R.D.
Nurse Hills, Markbeech	...	...
Nurse Taylor, Weald	...	...
Nurse Christian, Leigh	...	...
Nurse Holloway, Shoreham	...	...
Nurse Lister, Penshurst	...	...
Nurse Nash, Langton Green	

CONSULTATION CASES.—Difficult cases in connection with pregnancy or confinement, puerperal infection or ophthalmia neonatorum can have the benefit of a second opinion if medical practitioners so desire.

There were twenty-nine such consultations in 1935.

HOME VISITING.—Visits to children under one year of age are paid about every two months. Subsequently, children are visited, as far as possible, every quarter during the second year and twice yearly during the third, fourth and fifth

TABLE 18
HEALTH VISITING IN COUNTY AREA DURING 1935

Area at December 31st, 1935.	Health Visitor.	Acreage.	Estimated Population 1935.	Estimated No. of Births, 1935.	No. of Visits paid.			Births notified by			Com- plaints dealt with.	
					First (to Infants).	Subsequent and Special. (Mothers and babies).	Fruitless.	Doctors.	Midwives.	Institutions, etc.	Housing.	Other.
Tenterden B. } Tenterden R. } (7 parishes) West Ashford R. } (1 parish) Cranbrook R. } (3 parishes)	Miss Blackmore .. S.R.N. (FEVER & T.B.)	60,717	13,436	181	188	1,613	105	84	104	—	3	1
East Ashford R. } (6 parishes) West Ashford R. } (10 parishes) Swale R. } (1 parish) Hollingbourn R. } (1 parish)	Miss Bright S.R.N. (GEN. & FEVER) S.C.M., Q.V.J.I. (NIST. TR.)	47,153	10,477	125	109	2,710	—	48	61	—	—	—
Eastry R. } (7 parishes) Sandwich B. }	Mrs. Cheesman S.R.N. (M. & S.) Q.V.J.I. (NIST. TR.)	23,935	11,546	176	141	1,745	40	26	115	—	1	2
Deal B.	Miss Dean S.R.N., S.C.M., H.V. CERT.	2,903	22,902	427	260	320	60	22	230	8	3	4
Faversham B. } Whitstable U. } Bridge-Blean R. } (1 parish)	Mrs. Edwards S.C.M., DISTRICT TRAINING	13,689	28,356	311	179	1,782	61	18	160	1	—	—
Swanscombe U.	Miss Hall GEN. TR., S.C.M., H.V. CERT.	2,142	8,403	111	95	2,062	53	60	30	5	—	—
Strood R. } (3 parishes)	Miss Hart S.R.N., S.C.M., H.V. CERT. & CHILDREN'S HOSP. TRAINING	8,807	2,148	34	29	290	—	10	16	3	1	—
Dover R. } (7 parishes) Elham R. } (6 parishes)	Miss Harvey S.R.N., S.C.M., CERT R.S.I. (S.I.) Q.V.J.I. (NIST. TR.)	30,075	7,083	103	98	1,780	22	10	74	14	2	2
Maidstone R. } (9 parishes & part of 1 parish) Malling R. } (1 parish)	Miss Herd S.R.N., S.C.M., H.V. CERT.	18,039	9,416	142	82	1,227	101	24	45	13	1	1
Tonbridge U. } (North of River) Malling R. } (3 parishes)	Miss Holmes S.C.M., H.V. CERT.	9,225	11,486	163	131	1,758	169	48	61	22	2	1
Hythe B. } East Ashford R. } (4 parishes) Bridge-Blean R. } (1 parish) Elham R. } (10 parishes)	Mrs. Hopwood S.R.N. (GEN. FEVER & T.B.), S.C.M., CERT. R.S.I. (S.I.).	38,476	16,352	217	113	1,464	120	43	59	11	—	1
Bridge-Blean R. } (8 parishes) Dover R. } (1 parish) Eastry R. } (1 parish)	Miss Jervis S.C.M., H.V. CERT.	26,126	9,496	157	176	1,087	21	12	164	—	12	4
Hollingbourn R. } (3 parishes) Malling R. } (2 parishes)	Miss Johnson GEN. TR., S.C.M.	12,676	6,333	97	93	1,331	100	14	79	—	2	—
Strood R. } (2 parishes) Malling R. } (2 parishes)	Miss Levine S.C.M., CERT. R.S.I., H.V. CERT.	6,578	5,034	75	73	1,311	54	24	42	7	—	—
Queenborough B. } Sheppey R. }	Miss Wigby GEN. TR., S.C.M., H.V. CERT.	21,422	9,746	149	118	1,563	55	12	86	20	—	1
Strood R. } (10 parishes)	Miss Maxted S.R.N., S.C.M., H.V. CERT.	31,200	10,665	168	156	2,656	159	55	87	14	—	—
Malling R. } (10 parishes)	Miss Milner S.R.N., S.C.M., H.V. CERT.	16,364	12,715	202	231	1,898	141	71	144	16	10	1

TABLE 18—*Contd.*

Area at December 31st, 1935.	Health Visitor.	Acreage.	Estimated Population 1935.	Estimated No. of Births, 1935.	No. of Visits paid.			Births notified by			Com- plaints dealt with.	
					First, (to Infants).	Subsequent and Special. (Mothers and babies).	Fruitless.	Doctors.	Midwives.	Institutions, etc.	Housing.	Other.
Broadstairs U. Eastry R. (1 parish)	Mrs. Morris S.C.M.	6,326	13,779	139	126	1,293	2	66	60	—	1	—
Dover R. (6 parishes) Eastry R. (5 parishes)	Miss Nugent GEN. TR., S.R.N., S.C.M.	25,084	10,046	159	115	2,529	—	20	93	2	—	1
Hollingbourn R. (18 parishes) Maidstone R. (3 parishes)	Miss Palmer GEN. TR., S.R.N., S.C.M.	49,128	14,460	205	226	4,167	40	59	148	19	2	1
Lydd B. New Romney B. East Ashford R. (5 parishes) Tenterden R. (2 parishes) Romney Marsh R... ..	Miss Rattray S.C.M., GEN. TR., MASSAGE & T.B. TR.	63,124	10,063	128	63	1,427	15	25	32	6	2	—
Cranbrook R. (3 parishes) Maidstone R. (1 parish & part of 1 parish)	Mrs. Saunders S.R.N., S.C.M., GEN. TR.	40,338	14,377	198	140	1,110	33	43	97	—	20	—
Southborough U. Sevenoaks R. (parts of 3 parishes)	Miss Stanford S.C.M., SILVER MEDAL, GEN. DIST. TR., APOTHECARIES HALL CERT. FOR DISPENSING.	6,906	9,731	132	144	2,255	175	60	84	—	5	3
Malling R. (6 parishes) Sevenoaks R. (2 parishes & part of 1 parish) Strood R. (1 parish)	Mrs. Stokes S.C.M., DIST. TR.	24,121	12,168	186	170	2,345	203	18	123	29	5	—
Swale R. (2 parishes)	Miss Tibbitts S.R.N., S.C.M., H.V. CERT.	4,002	1,574	26	16	116	15	1	15	—	—	—
Swale R. (20 parishes)	Miss Turnell S.R.N., GEN. TR., S.C.M.	32,864	8,795	143	128	2,045	167	9	116	3	8	1
Herne Bay U. Bridge-Blean R. (3 parishes)	Miss Tustain S.C.M.	17,249	18,412	223	176	1,382	—	23	152	1	2	—
Hollingbourn R. (1 parish)	Miss Willey S.R.N., S.C.M., H.V. CERT.	2,952	508	8	1	85	—	—	1	—	1	—
Tonbridge U. (South of River)	Miss Workman S.C.M., GEN. TR., S.R.N., Q.V.J.I. (DIST. TR.).	2,300	8,750	121	144	1,709	222	76	68	—	1	—
Bridge-Blean R. (12 parishes) Eastry R. (4 parishes)	Miss Worthington GEN. TR., Q.V.J.I., (DIST. TR.), S.C.M.	29,479	11,456	203	153	1,531	61	43	110	—	—	2
E. Ashford R. (6 parishes)	3 Local Nurses	19,618	3,768	49	46	730	8	10	34	2	—	—
Chislehurst & Sidcup U. .. Orpington U. Sevenoaks R. (12 parishes & parts of 4 parishes)	Miss Lyle S.C.M., H.V. & R.S.I. CERTS., INFANTS' HOSP. TR.	80,634	105,293	1,755	362	1,006	64	50	242	70	—	—
	Miss Poxon S.C.M., CERT. R.S.I., GEN. TR., CERT. T.B. TR.				201	1,724	66	39	114	48	—	—
	Miss Tily S.C.M., S.R.N., GEN. TR., H.V. CERT.				67	251	173	10	37	20	—	—
	Miss Watt S.C.M., S.R.N., CERTS. R.S.I. & L.G.B. SCOTLAND (FEVER) Q.V.J.I. (DIST. TR.)				118	2,560	9	20	97	1	—	2
	Mrs. Carpenter S.C.M., GEN. TR.				92	805	109	26	25	41	—	—
	12 Local Nurses ALL S.C.M.'s				424	6,769	212	103	213	108	—	—
	Totals	773,652	438,774	6,513	5,184	62,436	2,835	1,282	3,418	484	84	28

years. In addition, children of the latter ages are very often seen when visits are made by the nurses in respect of younger children or in their capacity of school nurse, tuberculosis nurse or infant life protection visitor.

A special effort has also been made to supervise the welfare of the toddler at infant welfare centres and at eight of the larger centres a toddlers clinic is now established. This aspect of the work will be developed still further in the near future.

Table 18 shows the work of health visitors in home-visiting during the year under review. It will be seen that 70,455 visits were paid, as compared with 77,198 in 1934 and 73,877 in 1933. The work done by the health visitors is of a very high standard of efficiency.

INFANT LIFE PROTECTION WORK.—Under Part 1 of the Children Act, 1908 (as amended by the Children and Young Persons Act, 1932) all children under nine years of age taken for reward apart from their parents, or who have no parents, require to be notified and those foster-parents who receive such children in their homes require to be duly registered by the Council.

There were 324 such homes in the County area registered for the reception of varying numbers of children at the end of 1935 and the total number of nurse-children was 664. The homes are periodically inspected by the visitor of the area and also by the Superintendent Infant Life Protection Visitor, who recommends a maximum number of children to be taken by each foster-parent. Should a home prove unsatisfactory, legal proceedings are taken for the removal of the nurse-children to a place of safety until they can be restored to their relatives or guardians; in 1935 one such case was successfully dealt with. Two children died during the year.

Where such proceedings are taken, no other nurse-child can be taken for reward without the written sanction of the Local Authority.

These measures have been most efficacious in abolishing "baby farming" and the majority of registered homes in Kent are run on a high standard of efficiency. None are overcrowded and all are well supervised.

There is full co-operation between the infant life protection visitors, the National Society for the Prevention of Cruelty to Children and the County Police, and health visitors in their work generally co-operate with the various voluntary agencies operating in their area.

Both the systematic visitation and supervision are carried out satisfactorily; but as opportunity permits, advantage is taken to transfer to the county health visitors the work in those few areas in which they do not at present act as visitors.

ANTE-NATAL CLINICS.—There are sixteen ante-natal clinics throughout the County area and table 20 shows particulars of these. The object of these clinics is to advise and examine all expectant mothers, and so assist in preventing maternal morbidity and death. Post-natal advice has been undertaken also at these clinics, and midwives and nurses have been advised to co-operate in this work. In most instances the work is undertaken by a local practitioner with the assistance of the health visitor and district nurse for the area.

In addition to those shown in the tabulation, clinics have now been started at Cliffe, Harrietsham, Orpington, Snodland and Tenterden.

Travelling expenses to Clinics can be refunded in necessitous cases.

Midwives throughout the County area co-operate in the work of the ante-natal clinics by bringing their patients for advice and examination both before and after confinement. Where the midwife is out of pocket in so doing there is a scheme for compensation.

DOMICILIARY ANTE-NATAL ARRANGEMENTS.—Arrangements have been made for medical practitioners to undertake the routine ante-natal examination of uninsured women who have engaged midwives for their confinements and who

are unable to pay the fee of a doctor. One hundred-and-thirty-three practitioners have agreed to undertake such examinations of patients residing in the county area.

Sterilized maternity outfits are provided where the doctor or midwife considers such provision desirable. The outfits appear to meet a real need, and they are increasingly in demand.

Home helps can be provided in very special cases.

MATERNITY AND CHILD WELFARE CENTRES.—There are 108 maternity and child welfare centres administered by the Kent County Council, and Table 19 gives particulars of these, together with information as to the attendances, etc.

The establishment of voluntary centres, by local ladies interested in child welfare, is encouraged, and the health visitors are active in this connexion. The object is to ensure the success of a centre before the County Council take over responsibility.

In addition to the centres shown in Table 19, a new county centre has been started during 1936 at Wouldham, and the Newington and Tunstall Centres taken over from the Swale Rural District.

The use of Halibut Liver Oil and Malt has been successfully introduced to all infant welfare centres and has proved a valuable asset, 4,800 lbs. being issued in 1935.

Dried milk, Virol, cod liver oil, etc., are sold at cost price, on the medical officer's advice, to mothers who cannot afford to pay store prices. The County Dispensing Station issued 2,590 cartons of malt and oil, 2,049 cartons of Virolax, and 1,918 bottles of cod liver oil, to centres during the year. Dried milks are supplied to centres either direct from the manufacturers or distributed through my office, and 34,184 lbs. of dried milk, 3,430 lbs. of Virol, 1,512 lbs. of Groats, and 852 tins of Lactagol were ordered during the year.

At the majority of the centres short talks are given to the mothers, either occasionally or at each session, by the medical officers and the nurses. A syllabus of information for such talks is issued to each centre.

Voluntary committees of local ladies assist the nurses to carry on the social functions of the centres.

Again I desire to place on record my appreciation of the excellent work carried out by these voluntary committees, as they contribute in a great measure to making the centres the success they are.

The attendance of children at the centres was higher than in 1934 by 10,744.

The following are a few figures of interest in this connexion, relating to the last five years :—

				1931.	1932.	1933.	1934.	1935.
No. of openings	...	...	...	3,024	3,150	3,311	3,336	3,396
First Attendance Mothers	...	...	...	253	167	108	86	53
„ Children	...	...	...	3,413	4,190	4,176	4,350	4,327
Total Attendances Mothers	...	...	...	626	385	335	215	177
„ Children	...	...	...	91,944	98,492	102,750	108,381	119,125

TABLE 19

MATERNITY AND CHILD WELFARE CENTRES IN COUNTY AREA 1935

Name and Address of Centre.	Present day of opening (at 2 p.m.).	Medical Officer and frequency of attendance.	Nurse in Charge. (Whole time Health Visitor unless otherwise stated).	No. of Openings.	Total Attendances of Children.		No. of Individual Children who attended and who at the end of the year were :		
					Under 1 year.	1-5 years.	Under 1 year.	1-5 years.	Over 5 years.
APPLEDORE Village Hall	3rd Friday	Dr. Ticehurst (Monthly)	Miss Blackmore	12	73	143	6	30	—
ASH Congregational Church Rooms	1st & 3rd Thursdays	Dr. McCall-Smith (Fortnightly)	Mrs. Cheesman	24	141	278	13	41	2
AYLESHAM Glynn Vivien Mission Room	Each Monday	Dr. Bellamy (Weekly)	Miss Jervis	48	1055	621	64	138	1
BARHAM The Hall	Alternate Wednesdays	Dr. Twomey (Fortnightly)	Miss Jervis	25	157	425	12	39	4
BEARSTED Women's Institute	2nd & 4th Fridays	Dr. Collins (Fortnightly)	Miss Palmer	24	198	388	10	47	5
BIDDENDEN The Institute	2nd & 4th Tuesdays	Dr. Hardwick (Fortnightly)	Miss Blackmore	24	96	234	42	8	—
BOROUGH GREEN Western Hall	Each Thursday	Dr. Bolton (Fortnightly)	Mrs. Stokes	52	1279	963	98	83	11
BOUGHTON BLEAN Church Hall	Alternate Wednesdays	Dr. Kennedy (Fortnightly)	Miss Turnell	24	114	220	11	8	31
BOUGHTON MONCHELSEA Village Hall	Alternate Tuesdays	Dr. Smith (Monthly)	Miss Palmer	27	220	238	10	31	5
(a) BRABOURNE Village Hall	Each Monday	Dr. Brade-Birks (Fortnightly)	Mrs. Hopwood	11	81	97	16	35	—
BRASTED & SUNDRIDGE Sundridge Parish Hall	1st and 3rd Tuesdays	Dr. Ward (Monthly)	Miss Watt	26	122	254	11	33	7
BURHAM The Windmill	Alternate Wednesdays	Dr. Richmond (Monthly)	Mrs. Taylor	26	336	577	25	90	3
CHART SUTTON Village Hall	Alternate Wednesdays	Dr. Smith (Monthly)	Miss Palmer	24	206	308	15	47	1
CHELSFIELD Reading Room	1st and 3rd Tuesdays	Dr. Peacock (Monthly)	Miss Tily	23	225	215	18	24	—
CHISLEHURST Hornbrook Social Institute	Each Thursday	Dr. Tallent (Fortnightly)	District Nurse	50	1336	666	69	112	6
CLIFFE-AT-HOO Men's Social Club	Each Tuesday	Dr. Rogers (Fortnightly)	Miss Maxted	51	379	937	30	81	14
COLLIER ST. (MARDEN) Red Triangle Club	Alternate Fridays	Dr. Adam (Fortnightly)	Miss Herd	24	97	502	8	48	4
CRANBROOK Bull Rooms	1st and 3rd Fridays	Dr. Falconer-Gough (Fortnightly)	Mrs. Saunders	24	281	536	29	51	11
CUDHAM Village Hall	2nd and 4th Tuesdays	Dr. Christieson (Fortnightly)	Miss Watt	23	75	231	5	19	4
CUDHAM (BIGGIN HILL) Big Teapot Pavilion	Each Tuesday	Dr. Pease (Fortnightly)	District Nurse	52	773	622	38	112	7
(b) CUXTON National School Rooms	Each Thursday	Dr. Edwards (Monthly)	Miss Levine	10	72	77	17	24	—
DEAL Victoria Baptist Church Rooms	Each Friday	Dr. Birdwood (Fortnightly)	Miss Dean	51	1746	1324	93	213	13
DEAL (MILL HILL) Glynn Vivien Mission, Mill Road	Each Tuesday	Dr. Birdwood (Fortnightly)	Miss Dean	52	1739	629	91	173	16
DOWNE Gospel Hall	1st and 3rd Tuesdays	Dr. Douse (Fortnightly)	District Nurse	24	60	246	6	32	1
DUNTON GREEN Village Hall	2nd and 4th Wednesdays	Dr. McNaughton-Jones (Fortnightly)	Miss Watt	23	195	432	31	52	6
EASTCHURCH Women's Institute	Alternate Wednesdays	Dr. Hicks (Fortnightly)	Miss Wigby	25	105	312	—	—	—
EAST PECKHAM Red Triangle Club	Alternate Tuesdays	Dr. Cotman (Fortnightly)	Miss Holmes	26	217	248	13	42	7
EASTRY Public Assistance Institution	Alternate Mondays	Dr. Fraser (Fortnightly)	Miss Nugent	23	142	262	17	42	5
EDENBRIDGE Church House	1st Friday	Dr. Berkeley (Monthly)	District Nurse	12	197	99	32	58	1

TABLE 19—*contd.*

Name and Address of Centre.	Present day of opening (at 2 p.m.).	Medical Officer and frequency of attendance.	Nurse in Charge. (Whole time Health Visitor unless otherwise stated).	No. of Openings.	Total Attendances of Children.		No. of Individual Children who attended and who at the end of the year were :		
					Under 1 year.	1-5 years.	Under 1 year.	1-5 years.	Over 5 years.
ELHAM Ex Service Men's Club	1st Tuesday	Dr. Twomey (Monthly)	Miss Harvey	12	105	164	10	39	5
ELVINGTON (EYTHORNE) Village Hall	Each Wednesday	Dr. Bellamy (Weekly)	Miss Nugent	51	608	780	36	61	6
FARNBORO' Parish Hall	Each Friday	Dr. Douse (Fortnightly)	District Nurse	51	746	438	26	76	—
FAVERSHAM Queen's Hall	Each Tuesday & Friday	Dr. Cannon (Weekly)	Mrs. Edwards	103	2948	2920	92	261	24
FOUR ELMS Village Hall	1st and 3rd Wednesdays	Dr. Brand (Monthly)	Miss Stanford	13	107	251	13	46	1
GOUDHURST Ex Service Men's Club	1st and 3rd Thursdays	Dr. Edwards (Fortnightly)	Mrs. Saunders	24	208	398	13	47	14
GT. MONGEHAM Village Hall	Alternate Fridays	Dr. Westlake (Fortnightly)	Miss Nugent	26	292	351	19	49	4
HALLING Working Men's Club	Alternate Wednesdays	Dr. Edwards (Monthly)	Miss Levine	25	292	253	18	46	3
HALSTED Village Hall	1st and 3rd Thursdays	Dr. Crawford (Monthly)	Miss Tily	25	150	284	8	37	1
HAWKHURST Women's Institute	2nd and 4th Fridays	Dr. Clayton-Jones (Fortnightly)	Mrs. Saunders	24	209	537	12	69	16
HAWKINGE Village Hall	3rd Thursday	Dr. Mitcheson (Monthly)	Miss Harvey	12	212	452	23	78	7
HEADCORN Church Schools	1st and 3rd Thursdays	Dr. Hardwick (Fortnightly)	Miss Palmer	24	232	268	17	40	5
HERNE The Institute	Alternate Fridays	Dr. Evans (Fortnightly)	Miss Tustain	27	128	429	8	46	6
HERNE BAY Parochial Institute	Each Monday & Tuesday	Dr. Evans (Weekly)	Miss Tustain	47	1875	2551	69	167	13
HERSDEN Wesleyan Rooms	Each Wednesday	Dr. Evans (Fortnightly)	Miss Tustain	51	445	512	26	47	12
HOLLINGBOURN Parish Hall	3rd Friday	Dr. Collins (Monthly)	Miss Palmer	12	52	109	2	26	8
HOO Five Bells Inn	Each Wednesday (Fortnightly)	Dr. Wall	Miss Maxted	26	345	625	26	75	5
HUNTON Parish Hall	Alternate Thursdays	Dr. Hallam (Fortnightly)	Miss Herd	24	115	151	—	25	2
HYTHE Prospect Road	Each Thursday	Dr. Wolverson (Fortnightly)	Mrs. Hopwood	50	722	1593	41	140	20
(c) HYTHE, PALMARSH Palmarsh Hall	1st and 3rd Wednesdays	Dr. Goodman (Fortnightly)	Mrs. Hopwood	24	46	447	11	23	—
KEMSING St. Ediths Hall	1st and 3rd Tuesdays	Dr. Walker (Fortnightly)	Mrs. Stokes	24	466	447	65	56	5
KILNDOWN Parish Room	2nd and 4th Tuesdays	Dr. Edwards (Fortnightly)	Mrs. Saunders	23	42	105	5	15	3
LEEDS Parish Hall	1st Friday	Dr. Collins (Monthly)	Miss Palmer	12	79	149	3	29	10
LENHAM Lenham Institute	2nd and 4th Thursdays	Dr. Laird (Monthly)	Miss Palmer	24	356	480	30	88	5
LEYSDOWN Village Hall	Alternate Thursdays	Dr. de Lacy (Monthly)	Miss Wigby	25	26	160	4	7	—
LOOSE Vicar's Hall	2nd and 4th Tuesdays	Dr. Taylor (Fortnightly)	Miss Herd	24	331	348	26	49	5
LYMINGE New Church Hall	Alternate Fridays	Dr. Mitcheson (Monthly)	Mrs. Hopwood	25	164	523	14	42	—
MARDEN Church Schools	1st and 3rd Tuesdays	Dr. Prentis (Fortnightly)	Mrs. Saunders	23	201	474	14	50	7
MARKBEECH (HEVER) Village Hall	1st and 3rd Tuesdays	Dr. Wood (Monthly)	District Nurse	23	74	185	15	35	4
MINSTER (SHEPPEY) Liberty Hall	Alternate Wednesdays	Dr. Hills (Fortnightly)	Miss Wigby	26	562	626	43	87	—
MINSTER, nr. RAMSGATE Parish Hall, Church St.	Alternate Tuesdays	Dr. Sharpe (Fortnightly)	Mrs. Cheesman	26	280	353	24	45	1
MOTTINGHAM Parish Hall	1st, 3rd & 5th Mondays	Dr. Power (Fortnightly)	Miss Poxon	25	255	279	18	39	2

TABLE 19—*contd.*

Name and Address of Centre.	Present day of opening (at 2 p.m.).	Medical Officer and frequency of attendance.	Nurse in Charge. (Whole time Health Visitor unless otherwise stated).	No. of Openings.	Total Attendances of Children.		No. of Individual Children who attended and who at the end of the year were :		
					Under 1 year.	1-5 years.	Under 1 year.	1-5 years.	Over 5 years.
NEWMHAM Village Hall	Each Friday	Dr. Selby (Monthly)	Miss Turnell	51	240	736	10	10	38
(d) ORPINGTON Methodist Hall	Each Tuesday	Dr. Ledger (Weekly)	District Nurse	38	1080	528	96	101	—
OTFORD Church Hall	1st and 3rd Fridays	Dr. Walker (Fortnightly)	Miss Watt	24	241	465	24	51	10
PLAXTOL Women's Institute	2nd and 4th Thursdays	Dr. Walker (Fortnightly)	District Nurse	24	144	275	9	38	3
QUEENBOROUGH Rear of Town Hall, Whiteways Rd.	Each Monday	Dr. Hills (Weekly)	Miss Wigby	47	1109	950	39	60	3
RINGWOULD Village Hall	Alternate Fridays	Dr. Westlake (Fortnightly)	Miss Nugent	25	145	304	5	34	6
ROLVENDEN Church Row	1st and 3rd Tuesdays	Dr. Taylor-Jones (Fortnightly)	Miss Blackmore	24	113	327	13	46	—
SANDWICH St. Clements Hall	Each Friday	Dr. Wiley-Smith (Weekly)	Mrs. Cheesman	49	388	275	16	47	4
(f) SELLINDGE Red Triangle Club	2nd and 4th Tuesdays	Dr. Garman (Fortnightly)	Mrs. Hopwood	24	195	249	17	17	2
SELLING Village Hall	Alternate Wednesdays	Dr. Kennedy (Fortnightly)	Miss Turnell	25	161	396	7	47	10
SHEPHERDSWELL St. Andrews Hall	Alternate Wednesdays	Dr. Bellamy (Fortnightly)	Miss Jervis	26	164	256	17	27	5
SIDCUP 88 Baptist Church Hall	Each Wednesday & Friday	Dr. Wood (Weekly)	Miss Lyle	100	6018	4659	260	514	17
SIDCUP 94 Congregational Hall	Each Thursday	Dr. Geddes (Weekly)	Miss Poxon	51	3574	1419	156	217	12
SNODLAND Malling Rd.	Each Wednesday	Dr. Cole (Weekly)	Miss Milner	52	633	1033	35	106	10
SOUTHBOROUGH Wesleyan Schoolroom	Each Friday	Dr. Pain (Weekly)	Miss Stanford	52	749	1251	41	122	—
SOUTHBOROUGH, HIGH BROOMS St. Matthews Parish Hall	Each Tuesday	Dr. Holloway (Fortnightly)	Miss Stanford	52	579	854	28	70	—
ST. MARY CRAY Village Hall	Each Wednesday	Dr. Grant (Fortnightly)	Miss Tily	52	1621	1117	80	54	2
STANFORD Parish Room	2nd and 4th Wednesdays	Dr. Gould (Monthly)	Mrs. Hopwood	23	118	166	26	35	—
STANSTED The School	1st Friday	Dr. Bolton (Monthly)	Mrs. Stokes	9	18	62	8	18	2
STAPLEHURST Village Hall	1st and 3rd Wednesdays	Dr. McCabe (Fortnightly)	Mrs. Saunders	24	207	718	21	61	7
(g) STOKE British Legion Hall	1st Friday	Dr. Wall (Monthly)	Miss Maxted	12	31	123	10	28	2
STONE STREET St. Laurence Hall	2nd and 4th Fridays	Dr. Walker (Fortnightly)	Mrs. Stokes	23	91	248	16	30	2
STURRY Parish Room	2nd and 4th Thursdays	Dr. Ince (Fortnightly)	Miss Tustain	52	490	898	16	94	6
SUTTON VALENCE St. Mary's Parish Room	Alternate Wednesdays	Dr. Smith (Monthly)	Miss Palmer	23	189	319	17	35	8
SWANSCOMBE Swanscombe Club	Each Thursday	Dr. Stableforth (Fortnightly)	Miss Hall	51	1085	1394	38	100	5
SWANSCOMBE (GREEN-HITHE) British Legion Hall	Each Tuesday	Dr. Stableforth (Fortnightly)	Miss Hall	52	610	776	27	70	3
TENTERDEN Legion Hall	Alternate Thursdays	Dr. Taylor-Jones (Fortnightly)	Miss Blackmore	26	349	536	40	69	—
TEYNHAM St. John's Hut	Each Thursday	Dr. Selby (Fortnightly)	Miss Willy	51	577	960	25	79	10
(h) THROWLEY Y.M.C.A. Hut	3rd Monday	Dr. Cannon (Monthly)	Miss Turnell	12	42	117	5	19	2
TONBRIDGE Cottage Hosp., Quarry Hill	Each Friday	Dr. Tucker (Weekly)	Miss Tibbitts	52	1882	2047	89	214	12

TABLE 19—*contd.*

Name and Address of Centre.	Present day of opening (at 2 p.m.).	Medical Officer and frequency of attendance.	Nurse in Charge. (Whole time Health Visitor unless otherwise stated).	No. of Openings.	Total Attendances of Children.		No. of Individual Children who attended and who at the end of the year were :		
					Under 1 year.	1-5 years.	Under 1 year.	1-5 years.	Over 5 years.
WAINSCOTT Working Men's Institute	Each Thursday	Dr. Greene (Fortnightly)	Miss Maxted	51	711	808	23	129	4
WALMER Baptist Church Room	Each Wednesday	Dr. Kirk (Fortnightly)	Miss Dean	51	952	952	34	118	9
WESTERHAM Women's Institute	Each Thursday	Dr. Pickles (Fortnightly)	District Nurse	46	679	971	28	68	15
WEST MALLING Badminton Hall	Each Thursday	Dr. Hamilton (Weekly)	Miss Milner	51	987	1550	83	146	14
(i) WHITFIELD Congregational Hall	Alternate Fridays	Dr. Toland (Monthly)	Miss Harvey	2	9	1	6	8	—
WHITSTABLE Congregational Hall	Each Monday & Wednesday	Dr. Barker (Weekly)	Mrs. Edwards	98	2350	2284	78	181	20
WINGHAM Red Triangle Hut	Alternate Thursdays	Dr. Nettlefield (Fortnightly)	Miss Worthington	26	89	200	7	47	1
YALDING Cleve Grammar School	Alternate Thursdays	Dr. Hallam (Fortnightly)	Miss Herd	25	146	410	6	39	9
<i>Voluntary Centres</i>									
AYLESFORD Brassey Rooms	Alternate Wednesdays	Dr. Richmond (Monthly)	Miss Johnson	23	369	368	46	60	1
BROADSTAIRS Beaconsfield House, St. Peter's Rd.	Each Thursday	Dr. Moon (Weekly)	Mrs. Morris	52	1140	978	74	76	3
CHILHAM Mission Hall, Chilham Lees	1st and 3rd Tuesdays	Dr. Fennell (Monthly)	District Nurse	No figures available			7	9	1
COBHAM Meadow Room	2nd Wednesday	—	District Nurse	12	47	122	6	23	2
(j) E. FARLEIGH Women's Institute	1st and 3rd Wednesdays	Dr. Swan (Fortnightly)	Miss Herd	4	25	63	9	30	—
GRAIN Women's British Legion Hall	3rd Friday	Dr. Wall (Monthly)	Miss Maxted	12	31	72	4	18	2
LYDD Old Sergeants Mess	1st and 3rd Fridays	Dr. Palmer (Fortnightly)	Miss Hall	12	123	221	16	41	4
MEOPHAM Village Hall	1st and 3rd Thursdays	Dr. Hasler	District Nurse	22	208	388	19	47	7
SHORNE Village Hall	4th Friday	Dr. Wykes (Monthly)	Miss Maxted	3	14	18	6	14	—
WATERINGBURY Station Rd.	1st and 3rd Tuesdays	Dr. Garrett (Monthly)	Miss Herd	22	174	180	13	40	—
<i>Transferred from County area to Local Administration under County Review Order 1/4/35</i>									
DENTON				12	198	177	—	—	—
BIRCHINGTON				13	168	283	—	—	—
WESTGATE				12	107	126	—	—	—
				3,396	55,760	63,365	3,217	7,160	632

Total Attendances by Mothers for Advice in respect of themselves—177.

- (a) Brabourne—Opened as a Voluntary Centre, 2/7/35, adopted by K.C.C., 1/11/35.
 (b) Cuxton—Opened as a County Centre, 15/8/35.
 (c) Hythe, (Palmarsh)—Adopted by K.C.C., 1/1/35.
 (d) Orpington—Opened as a Voluntary Centre, 16/4/35, adopted by K.C.C., 1/10/35.
 (f) Sellindge—Opened as a County Centre, 12/3/35.
 (g) Stoke—Adopted by K.C.C., 1/7/35.
 (h) Throwley—Adopted by K.C.C., 1/1/35.
 (i) Whitfield—Opened as a County Centre, 6/12/35.
 (j) East Farleigh—Opened as a Voluntary Centre, 6/11/35.

The county centres (including voluntary centres where the services of a county health visitor are utilized), are visited periodically by the Maternity and Child Welfare Medical Officer, who discusses with the medical officers and the health visitors any matters of interest or difficulty in connexion with the administration of the centres.

At these visits the work of the health visitors is supervised. Where the work of part-time health visitors cannot be supervised in this way they are visited periodically by one of the whole-time nurses.

The Travelling Exhibition from Carnegie House has visited several of the centres ; also demonstrations by the Milk Publicity Board have been much appreciated.

Co-operation with the Education Authorities has been maintained throughout the year and batches of older girls from secondary schools have paid visits to the welfare centres and have shown keen interest in mothercraft and in the various activities. Some of these girls have made model garments in their sewing classes and even boys have shown their interest by making model cots and toys in the carpentry classes and have given these to the local welfare centres.

A comprehensive synopsis of advice for the guidance of Voluntary Committees wishing to establish centres, has been drawn out and is available on application to the County Medical Officer.

The valuable work done at the infant welfare centres throughout the County Area is reflected in the infant mortality rate. This is 41.93 for 1935.

The table on page 21 gives details and comparative rates of Infantile Mortality.

DENTAL TREATMENT.—Clinics for the dental treatment of expectant and nursing mothers and of children under five years of age are situated in the following districts, and the whole of the county maternity and child welfare area is now served by these clinics.

Address.	Dental Surgeon.
Ashford, 14 Canterbury Road	Miss M. Cross, L.D.S.
Borough Green, Western Hall	Mr. D. W. Lamb, L.D.S.
Elvington, Village Hall	Mr. W. W. F. Dawe, L.D.S.
Faversham, Wesleyan Hall, Preston Street	Mr. P. D. Gausden, L.D.S.
Herne Bay, Parochial Institute	Mr. H. Cantor, L.D.S.
Hythe, M.C.W. Centre, Prospect Road	Mr. W. W. F. Dawe, L.D.S.
Marden Church Hall	Miss M. Cross, L.D.S.
Northfleet, 5 Station Road	Mr. L. F. Hayes, L.D.S.
Sevenoaks, Dorset House, St. John's Road	Mr. D. W. Lamb, L.D.S.
Snodland, M. & C.W. Centre	Mr. D. W. Lamb, L.D.S.
*Tonbridge, School Clinic, Old Cottage Hospital	Mr. F. J. Saunders, L.D.S.
St. Mary Cray, Village Hall	Mr. F. A. Markham, L.D.S.
Walmer, Baptist Rooms, Park Road East, Dover Road	Mr. W. W. F. Dawe, L.D.S.

*Treatment is given at the Edenbridge School Dental Clinic in this area when it is more convenient for the patients

The table on page 96 shows the amount of work carried out in connection with the scheme ; and in addition to the figures shown therein, the following particulars are of interest :—

Number of orders issued for dentures, repairs, etc. ...	284
Number of patients paying the full cost	151
Number of patients paying part cost	71
Number of free cases	62

(In four cases dentures were supplied on behalf of the Margate Corporation, the area in which the patients live having been transferred to that Borough during the course of their treatment).

TABLE 21.

Showing Dental Work for Expectant and Nursing Mothers and Young Children, during 1935.

	Total Attendances at Clinic	Number of				Other items of Treatment.				No. of Patients fitted with Dentures, or Repaired Dentures	No. of Dentures fitted and repaired, i.e., Upper and Lower	Anaesthetics.		Inspections at Welfare Centres.		No. commencing Treatment at Dental Clinic.	
		Extractions	Fillings	Scalings	Gum Treatment	Impressions	Bites	Try-ins	Miscellaneous Work, Dressings, etc.			Local	General	No. Inspected	No. requiring Treatment	After inspection at an M.C.W. Centre	Without inspection at an M.C.W. Centre
Mothers...	3,346	6,107	259	118	70	474	268	306	480	281	518	524	1,132	10	10	—	519
Children...	509	1,088	175	—	—	—	—	—	315	—	—	118	271	10	2	2	296
	3,855	7,195	434	118	70	474	268	306	795	281	518	642	2,403	20	12	2	815

No. of Half-day Sessions for Treatment 502
 " " " attended by Anaesthetists ... 161
 " Inspections at M.C.W. Centres 2

GRANTS OF MILK.—Recommendations for a supply of milk free or at less than cost price are made by the health visitors, to the County Medical Officer in accordance with the conditions laid down by the Ministry of Health. During the year 5,242 grants were made, and orders for 20,092 gallons of cows' milk and 3,175lb. of dried milk were issued, the actual expenditure being £2,239.

VARIOUS.—In connection with the arrangements for the medical examination and treatment of children from one to five years of age, as suggested in Circular 1054 of the Ministry of Health, dated December 5th, 1929, and approved by the County Council, very few cases arose for treatment during the year. The majority of such cases were dealt with privately or at hospitals.

Arrangements exist with the Kent County Nursing Association for a nurse to be available for home nursing, where necessary, in cases of measles, whooping cough, diarrhoea and poliomyelitis. The services of the whole-time health visitors are also available for the home visiting of measles and whooping cough, and information respecting outbreaks is obtained in the usual way from school teachers.

Stillbirths are investigated and reported upon by the health visitors. In eighty-seven instances, in 1935, the following causes were given definitely:—

Contracted Pelvis	16
Hydrocephalic, Anencephalic and Malformations ...	11
Twins	3
Malpresentations	13
Cord strangulation and non separation of cord ...	5
Suspected Venereal Disease	17
Illness of Mother	11
(Pneumonia 1; Mitral Disease 3; Accident 1; Eclampsia 2; Shock 4)	
Ante-partum hæmorrhage	4
No Evidence	7

The following figures show certain infantile mortality rates per thousand births during each of the last six years:—

	1930.	1931.	1932.	1933.	1934.	1935.
Kent Urban Districts	44·87	46·59	49·76	48·11	47·57	44·14
Kent Rural Districts	45·02	47·93	48·38	48·40	49·75	39·12
Whole County	44·91	46·97	49·37	48·20	48·11	43·07
Area of County Scheme... ..	43·37	45·47	45·08	50·90	44·28	41·93
Rest of Kent	45·76	47·81	51·82	46·58	50·27	43·67
England and Wales	60	66	65	64	59	57

MATERNAL DEATHS.—Arrangements have been made with the Medical Officers of Health concerned to forward particulars of cases of maternal deaths occurring in their areas. These deaths are fully investigated by the Medical Officer for Maternity and Child Welfare and the reports are then sent to the Ministry of Health.

There were 61 maternal deaths in 1935. The table on page 22 gives particulars of Maternal Mortality Rates.

PUERPERAL FEVER, PUERPERAL PYREXIA AND OPHTHALMIA NEONATORUM.—The following figures show the number of notifications of puerperal infection during the past five years :—

Puerperal Pyrexia.

	1931.	1932.	1933.	1934.	1935.
Whole County	111	98	92	97	120
County Area	39	38	27	22	34

Puerperal Fever.

Whole County	52	40	52	67	54
County Area	22	13	17	17	34

Deaths from Puerperal Sepsis.

Whole County	23	17	35	34	22
County Area	8	11	14	13	5

It will be seen from page 83 that in eighty-nine cases midwives sent for medical help for rise of temperature (pyrexia) in the current year.

Of the thirty-four cases of puerperal fever which occurred in the County area, seventeen were attended by midwives in the first instance and seventeen by doctors.

The figures below refer to the notification and treatment of ophthalmia neonatorum in the county area, but a comparison with the figures for the whole county is shown for 1935 :—

	1931.	1932.	1933.	1934.	1935.	Whole County (1935)
Cases Notified	27	14	15	18	13	45
Treated { At Home	16	8	9	9	10	24
{ In Hospital	11	6	6	9	3	21
{ Unimpaired	27	11	13	14	10	40
Vision { Impaired	—	2	—	—	<i>Nil</i>	2
{ Total blindness	—	—	—	—	<i>Nil</i>	<i>Nil</i>
{ No information	—	—	2	4	2	3
Death	—	1	—	—	1	—

As a precautionary measure against ophthalmia neonatorum all midwives in the county area are provided with dropper bottles containing a 1 per cent. solution of silver nitrate with instructions to place one drop in each eye of newly-born infants immediately after the baby has been first bathed and the eyes carefully wiped with cotton wool.

Arrangements have been made with the following hospital authorities for the treatment of these diseases :—Ashford Urban (Isolation Hospital), Deal Borough (Isolation Hospital), Dover Borough (Isolation Hospital), Dartford (County Hospital), Farnborough (County Hospital), Faversham Rural (Isolation Hospital), Gravesend and North Kent Hospital, †Herne Bay and Whitstable Joint Hospital, Lydd Borough (Isolation Hospital), Pembury (County Hospital), Sevenoaks Rural (Isolation Hospital), Royal Victoria Hospital, Folkestone, Kent and Sussex Hospital, Tunbridge Wells, London County Council Hospitals, Kent and Canterbury Hospital, *Kent County Ophthalmic and Aural Hospital, Maidstone, *Ramsgate General Hospital, *Sheppey (County Hospital), *Thanet (Public Assistance Hospital), *Tunbridge Wells Homœopathic Hospital, †Chatham (County Hospital), †Isle of Thanet Joint Isolation Hospital, †Sittingbourne and Milton Joint Hospital (Keycol Hill).

In the case of the five hospitals marked * only ophthalmia neonatorum cases are admitted, whilst those hospitals marked † accept cases of puerperal infection only.

Eight cases of puerperal infection received institutional treatment under these arrangements in 1935.

The Kent Nursing Home, Tunbridge Wells ; and the Kent Nursing Institution, West Malling, have agreed to provide nursing assistance for cases of puerperal infection as required.

Fifty-six district nursing associations in the county child welfare area have also arranged for their nurses to treat cases of ophthalmia on request, and the whole-time county health visitors will attend when other nursing is not available.

ADMISSION OF CONFINEMENT CASES TO HOSPITALS, MATERNITY HOMES, ETC.—Arrangements have been made with the following hospitals and maternity homes for the reception of patients in complicated cases or where the home conditions of the patients are unsuitable. Only occupied beds are paid for, and no accommodation is reserved specially :—

Ashford Hospital ; Homeleigh Nursing Home, South Willesborough, Ashford ; Beckenham and Penge Maternity Home, Beckenham ; Bromley and Chislehurst Maternity Hospital, Bromley ; Kent and Canterbury Hospital, Canterbury ; Maternity Hostel, Dane John, Canterbury ; County Hospital, Chatham ; County Hospital, Dartford ; Wellesley House Nursing Home, Castle Road, Deal ; Royal Victoria Hospital, Dover ; County Hospital, Farnborough ; Royal Victoria Hospital, Folkestone ; Royal Naval and Marine Maternity Nursing Home, Gillingham ; Gravesend and North Kent Hospital, Gravesend ; St. George's Nursing Home, Grand Drive, Herne Bay ; 3 Park Road, Hythe ; Public Assistance Institution, Lyminge ; County Hospital, Pembury ; General Hospital, Ramsgate ; County Hospital, Sheppey ; Public Assistance Institution, Thanet ; Kent and Sussex Hospital, Tunbridge Wells ; Tunbridge Wells Maternity Home, 10 and 12 Calverley Park Gardens, Tunbridge Wells ; Westgate Maternity Home, Whitstable.

The number of patients admitted to institutions under these arrangements during the past year was fifty-three.

ST. FAITH'S HOME, BEARSTED.—Arrangements have been made for unmarried mothers from the county area to be admitted to the above home for their first confinement. The girls are admitted approximately two months before confinement and the home retains them and their children for approximately six months afterwards.

TREATMENT OF SQUINT.—The services of the school oculist and the facilities of school ophthalmic clinics are available for cases of squint in children under school age. Spectacles are provided free and travelling expenses are paid in necessitous cases. The school oculist examined the eyes of forty-three infants during the year and spectacles were prescribed in nineteen instances. In one case spectacles were provided free. All health visitors have been instructed to report cases of squint which come to their notice among the infants on their visiting lists.

ORTHOPÆDIC TREATMENT.—Details of the county maternity and child welfare cases treated under the orthopædic scheme are given in the section on orthopædic work—page 77.

SECTION 101. LOCAL GOVERNMENT ACT, 1929.—Under the above Section the County Council is required to make contributions towards the expenses of voluntary associations providing maternity and child welfare services in, or for the benefit of, the county.

The following bodies provided such services, and contributions were made to them during the year.

MIDWIFERY.—The Kent County Nursing Association ; and the unaffiliated District Nursing Associations of Ash-next-Ridley, Eastry, Faversham, Stansted, Tenterden Cottage Benefit Association, Frindsbury Extra, Wye, Swanscombe, Lethbridge Sick Nursing Association (Sheerness).

INFANT WELFARE CENTRES.—Aylesford, Broadstairs, Meopham, Watlingtonbury.

MATERNITY HOMES.—Bromley, Chislehurst and District Maternity Hospital ; Royal Naval and Marine Maternity Nursing Home, Gillingham ; Tunbridge Wells and District Maternity Home.

MOTHER AND BABY HOMES.—St. Faith's Home, Bearsted.

BABIES' HOMES.—“Hurstleigh,” Tunbridge Wells (National Society of Day Nurseries) ; Babies Castle, Hawkhurst (Dr. Barnardo's Homes).

DISTRICT ADMINISTRATION.—The following table gives particulars of the maternity and child welfare work carried out in those areas in which the local district councils are responsible for this administration.

TABLE 22.

District.	Number of Health Visitors.		Births in 1935.	Visits of Health Visitors 1935.	Maternity and Child Welfare Centres—Average Attendance of		Total amount of milk granted during year (free or at reduced price).
	Whole-time.	Part-time.			Mothers (Ante- and post-natal).	Children.	
Ashford ...	1	—	281	2,968	2	102	10,900 pints, and 53 lbs. dried milk.
Beckenham ...	2	2†	869	8,154	9	323	5,010 pints, and 472 lbs. dried milk.
Bexley ...	2	—	1,093	7,945	28	233	£332.
Bromley ...	—	6†	758	9,683	337	387	4,521 pints.
Chatham ...	3	—	716	7,987	4	106	5,212 lbs. dried milk.
Crayford ...	1	—	357	7,233	—	62·3	2,608 pints, and 3,288 lbs. dried milk.
Dartford ...	2	—	473	5,492	8·6	187	13,822 pints, and 277 lbs. dried milk.
Dover ...	—	4†	668	5,712	5	29	25,000 pints, and 197 lbs. dried milk.
Erith ...	2	—	525	8,042	27	186	34,012 pints, and 1,017 lbs. dried milk.
Folkestone ...	2	1	647	9,924	11	215	10,428 pints, and 1,014 lbs. dried milk.
Gillingham ...	—	5†	940	10,143	22	131	12,414 lbs. dried milk.
Gravesend ...	2	—	588	6,234	104	68	2,562 pints, and 6,739 lbs. dried milk.
Maidstone ...	—	3†	655	6,195	117	154	1,354 pints, and 181 lbs. dried milk.
Margate ...	1	—	407	4,363	157	84	2,766 pints, and 1,057 pkts. dried milk.
Northfleet ...	1	—	291	2,126	1	29	3,500 lbs. dried milk.
Penge ...	1	—	389	3,763	41·1	102	449 pints, and 3,418 lbs. dried milk.
Ramsgate ...	—	4†	473	7,780	172·9	114·1	28 pints.
Rochester ...	2	—	521	8,131	3·4	73·6	9,502 lbs. dried milk.
Sevenoaks ...	1	—	148	2,196	12	64	581 pints, and 687 lbs. dried milk.
Sheerness ...	1	—	237	1,647	140	158	4,858 pints, and 251 lbs. dried milk.
Sittingbourne and Milton ...	1(a)	—	340	1,090	80	85	2,328 pints, and 223 pkts. dried milk.
Tunbridge Wells ...	—	4†	391	6,110	76	93	8,031 pints, and 78 lbs. dried milk.
Dartford Rural... ..	2	—	442	10,589	6	33	19,789 pints, and 4,347 lbs. dried milk.
Milton Rural ... portion of Swale R. (3 months only)	1(a)	—	35	358	27	32	1,095 pints, and 77 pkts. dried milk.
Tonbridge Rural ...	—	12	245	4,171	52	66	2,586 pints, and 2 lbs. dried milk.

† Whole-time officials but dividing their time between health-visiting and other duties.

(a) Whole-time health visitor for combined districts as shown.

DISTRICT ADMINISTRATION—

The Beckenham and Penge Joint Maternity Home, at 80, Croydon Road, Beckenham, has been referred to in previous reports. During 1935, 323 cases were admitted—226 from Beckenham and 97 from Penge. The average duration of stay was 15·2 days. The home, which has fourteen beds, is recognized by the Ministry of Health and the Central Midwives Board as a training centre for midwives, and is allowed to have five pupils in training. Women who do not wish to enter the home for confinement, and who cannot afford the services of a private doctor, can be attended in their own homes by a midwife working in conjunction with the home and the welfare centres; and 113 cases were dealt with under this arrangement during 1935—57 in Beckenham and 56 in Penge. The two areas are now considering a joint scheme for a new home, with thirty beds.

In *Bexley Urban* the District Council provides a maternity home of six beds at 315, The Broadway, Bexley Heath. 185 cases were dealt with during the year, but the Home is inadequate in size, and the rooms not well suited to the work; the Council therefore is providing for a new Home at Bursted Wood, which will have accommodation for twenty-four beds, and two isolation beds.

In *Erith Urban* there is a maternity home provided by the Urban District Council, with six beds in two general wards, one isolation bed, and a labour ward. 129 cases were admitted during 1935.

In some districts there is an arrangement for the use of beds provided by voluntary bodies. The following shows these districts, the hospitals or homes concerned, and the beds so reserved:—

Bromley Borough—Bromley and Chislehurst Maternity Hospital—no definite number.

Crayford Urban—Barnes Cray Nursing Home—twelve beds.

Dartford Borough—British Hospital for Mothers and Babies, Woolwich—no definite number.

Maidstone Borough—West Kent General Hospital—two beds.

Ramsgate Borough—Ramsgate General Hospital—twenty beds.

Tunbridge Wells Borough—Tunbridge Wells Maternity Home—ten beds.

Chatham Borough

Gillingham Borough

Rochester City

Sittingbourne and Milton

Urban

Milton Rural

Each of these districts has an arrangement with the Royal Naval and Marine Maternity Nursing Home at Gillingham for such beds as are required and available for civilian cases.

Provision is made in several districts for the use of hospital beds for *complicated* maternity cases, as follows:—*Beckenham Urban, Bexley Urban, Bromley Borough, Chatham Borough, Dartford Borough, Dover Borough, Erith Urban, Folkestone Borough, Gravesend Borough, Maidstone Borough, Margate Borough, Northfleet Urban, Penge Urban, Rochester City, Sittingbourne and Milton Urban, Milton Rural, Tunbridge Wells Borough, and Dartford Rural.* Particulars of these arrangements will be found in my annual report for 1930.

Developments of the district maternity and child welfare schemes during 1935 were as follows:—

Beckenham B. Arrangements were made to pay £1 towards the fee of midwives attending with doctors, in necessitous cases.

Dover B.—Arrangements are in hand for the holding of a monthly orthopaedic clinic, to cover both the maternity and child welfare and the school medical services.

Erith U. Arrangements have been made to compensate midwives for loss due to removal of patients to hospital on the advice of the medical officer of health. An additional dental session has been arranged for maternity and child welfare cases.

Gillingham B. Provision was made for the supply of sterilized maternity outfits, and for the institutional treatment of cases of puerperal fever at Queen Charlotte's Hospital.

Maidstone B. The supervision of the maternity and child welfare centres has been taken over by the newly-appointed assistant medical officer of health.

A series of lectures and demonstrations on nutrition and cookery, especially for infants and young children, was arranged for the mothers attending the welfare centres.

A new maternity ward is to be established at the West Kent General Hospital, with sixteen beds, labour rooms, isolation ward, etc. One half of this unit is to be available for the borough's maternity and child welfare scheme.

Penge U. A special ante-natal clinic has been established, opening at fortnightly intervals.

Sevenoaks U. An ultra-violet ray apparatus was provided.

Sheerness U. The Health Department has established a register of 'home-helps'—women approved by the medical officer of health, the health visitor, and the local Nursing Association, and entrusted with the management of a home during the mother's lying-in period. They do nothing in connection with the confinement or nursing of the mother. They must be engaged through the medical officer of health; and the fixed fee for their services is paid by the patient, or apportioned between the patient and the Council according to the financial conditions of the household.

Tonbridge R. A panel of dentists has been formed for the treatment of cases requiring such assistance from the local authority under its maternity and child welfare scheme.

According to my information, the following areas now have schemes for the dental treatment of expectant and nursing mothers, and infants: *Ashford Urban, Beckenham Urban, Bexley Urban, Bromley Borough, Chatham Borough, Crayford Urban, Dartford Borough, Erith Urban, Maidstone Borough, Penge Urban, Ramsgate Borough, Sevenoaks Urban, Sheerness Urban, Sittingbourne and Milton Urban, Tunbridge Wells Borough, Dartford Rural, Milton Rural and Tonbridge Rural*; and in *Folkestone Borough* the facilities of the Sassoon Clinic are available.

Reference to official circulars in connection with Maternity and Child Welfare will be found on pages 13-17 of this report.

BOUNDARY CHANGES AND PUBLIC HEALTH MATTERS.

The Ministry of Health requests that in districts where boundaries have been materially altered during 1935, the medical officer of health should comment on any new problems of public health administration created by the changed conditions.

In such connection, I give the following extracts from the district reports and summaries:—

Bromley B.—In the added areas, progress has been made in the closure and demolition of several unfit houses; and in 204 cases premises have been re-drained and connected to sewers.

Deal B.—As a result of the extension of boundaries, a separate Public Health Department has been formed, in place of the previously combined office of Surveyor and Sanitary Inspector, etc.

Faversham B.—In this area, which has been enlarged to over four times its original size, sewerage schemes for the populous parts of the added area are under consideration.

Herne Bay U.—The alteration of boundaries and the inclusion of a large rural area has created new problems in connection with water-supply, sewerage, etc. This applies also to the adjoining area of *Bridge-Blean Rural*.

Ramsgate B.—The extension of the borough boundaries involves dealing with many properties of poor class. Of 231 cesspools in the borough, 204 are in this added area, as also are the five wells which were found to be dangerously polluted.

UNEMPLOYMENT AND HEALTH.

In the Ministry of Health Circular dealing with the contents and arrangement of annual reports, the medical officers of health were asked to refer to any evidence, statistical or otherwise, that unemployment had exercised any significant influence on the health or physique of children or adults.

I would mention that in the Circular emphasis was laid upon the word 'evidence.' It is perhaps for that reason that the references to the matter are very few.

In *Ashford Urban*, Dr. MacDougall writes, "some of the teachers think that certain children are not so well able to learn, coming from unemployed households . . . backward in absorbing the subjects taught in the schools due to a certain amount of faulty nutrition, but in the opinion of the School Medical Inspector for this area there is not a great deal of malnutrition."

Dr. Wilkinson, of *Penge Urban*, refers to unemployment as "an important, though indirect, contributing factor of malnutrition, especially in young children."

Dr. Priestman, of *Folkestone Borough*, states definitely that there is no such evidence—"the various grants and assistance rendered by the Government and charitable societies would appear to be efficacious."

It should be mentioned that in several areas the reference to this subject is an indirect one, in that figures are given indicative of the fortunate position of the areas concerned as regards unemployment. For example, three rural areas in juxtaposition quote unemployment figures of "about 1% of the population"—or less; and in two towns the recorded figures are 0·4% and 1·4% respectively.

OCCUPATION OR ENVIRONMENT IN RELATION TO HEALTH.

Medical officers of health were requested by the Ministry of Health to refer to any conditions of occupation or environment which appear to have had a prejudicial effect on health.

Occasionally during some years past I have referred in my annual reports to the nuisance arising in some areas of Kent, from the emission of cement dust from local works. There are again references to this subject in some of the reports for 1935; but there is no doubt that, although the matter is one which will continue to exercise the consideration of certain of the local medical officers, there has been a tendency to improve the condition during recent years.

Dr. McDonnell of *Northfleet Urban* and *Strood Rural* refers at some length to the efforts which have been made in those areas to lessen the emission of the dust to the lowest practical proportions. In the latter district, complaints were received during 1935, from farmers and from the District Inspector of Factories, which were confirmed by a medical practitioner in the area. Dr. McDonnell was unable to certify that the dust constituted a danger to health; but the matter has been referred to the Special Department of the Ministry of Health.

SMOKE ABATEMENT.

At the request of the Ministry of Health, the local annual reports include particulars of action taken with a view to the abatement of nuisance from smoke in the area ; and the following extracts have reference to this subject :—

Bromley B.—Six instances of nuisance from smoke-emission, were abated as the result of action by the Sanitary Inspectors.

Chislehurst and Sidcup U.—Twenty-two observations were made, and two nuisances were abated.

Crayford U.—A bye-law was made during the year, under Sec. 2 of the Public Health (Smoke Abatement) Act, 1926.

Dartford B.—Thirteen observations were made, and one smoke-nuisance dealt with.

Dover B.—Two smoke-observations were made, and both were followed by the service of informal notices. The nuisances were abated.

Gillingham B.—Twenty nuisances were abated.

Herne Bay U.—In one case, action was taken to abate a nuisance arising from the emission of smoke from a laundry-chimney, with satisfactory results.

Margate B.—Four preliminary notices were served, and in every case these were complied with.

Penge U.—In four instances nuisance from smoke was abated, after informal notice in three cases and statutory notice in the other. Advice on smoke abatement has been given to occupiers of factories, and to stokers.

Tonbridge U.—Informal action was taken in one case, to ensure the best practicable means being taken to prevent the emission of gritty particles from factory chimneys.

Dartford R.—Observation was continued on the emission of black smoke from factory chimneys. Notices were served in two cases, and the improvement secured has been maintained.

Malling R.—One case of smoke-nuisance from a factory-stack was mitigated after the attention of the owners had been drawn to the matter.

Sevenoaks R.—One case was abated after the service of an informal notice ; and one case after advice to the stoker concerned.

THE INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.—The district medical officers of health continue to exercise close supervision over dairies, cowsheds and milkshops, and pay much attention to all matters connected with the subject of milk supplies. The Tables 24 and 25 at the end of this report show the numbers of visits, the defects found, and the prosecutions undertaken in this connexion.

The County Veterinary Officer and his staff make periodical examinations of all milch herds in the County with a view to the ascertainment of cows giving tuberculous milk.

Apart from this procedure, investigations into particular supplies, and the consequent sampling and examinations of herds and individual animals, have their origin in one of several causes, to which a brief reference may be made.

For some years past, the County Health Department has had arrangements with certain medical officers of health of county districts, whereby samples of mixed milk from the farms in those areas are submitted to the county laboratories for examination for the presence of tubercle bacilli. In view of the activities of the County Veterinary Officer, this arrangement now only applies in special circumstances and not as a routine measure.

In any case where a medical officer of health condemns a tuberculous carcass, milk samples are obtained from the farm involved, and examined to ascertain whether they are tubercle-infected.

A sample, or a series of samples, may be taken from the milk supplied to an institution, and "followed up" to a source if such a step appears to be indicated by the findings of the bacteriological examination.

The discovery in another county, or county borough, of a tubercle-infected milk which appears to have originated from Kent, is reported to me by the public health officials of the area concerned; and again the farm or farms involved in the original sample are visited and the herd subjected to examination and sampling.

In cases of tuberculous disease in children, enquiry is made as to the source of supply of the milk consumed, and the usual investigation follows if that course appears to be indicated.

Each separate supply of milk to the schools participating in the School Milk Scheme of the Kent Education Committee is examined at least once, unless it is a pasteurised milk.

In all enquiries or investigations made as a consequence of any of the above examinations, the work is carried out in close collaboration with the County Veterinary Officer, whose co-operation and assistance I desire to acknowledge. Thirty-three separate cases were referred to him during the year, and as a result he visited forty-one farms.

During 1935, as a result of one or other of the reasons indicated above, 113 laboratory investigations were made, which involved the examination of 205 "group" samples and 111 "individual" samples. Of the "groups," nineteen were positive, 186 negative; and of the "individuals," thirty-six were positive and seventy-five negative. In addition, nine sputum specimens were taken from suspected animals, all of which were positive.

The positive results involved twenty-nine separate farms.

In all, 69 cows were slaughtered during the year, under the Tuberculosis Order, as a result of the activities of the County Veterinary Officer.

The number of licences granted by the County Council during 1935, under the Milk (Special Designations) Order, 1923, for Grade A milk, comprised 254 to producers for wholesale supply, and eighteen to producers for retail supply. No licences were refused or revoked. In connection with these licences 358 bacteriological examinations of samples were undertaken, of which 314 conformed to standard.

The following references are taken from the reports and summaries of the local medical officers of health, with regard to the matter of milk supplies generally:—

Ashford U.—A "Milk Week" held in the town, included lectures by the medical officer of health and addresses by members of the council.

Beckenham B.—Four samples per month were submitted to bacteriological examination. All pasteurised milk complied with the Regulations; and a considerable proportion of the samples of ordinary milk satisfied the conditions prescribed for "Pasteurised" and "Grade A" milks.

Bromley B.—A complete inspection of all registered premises was undertaken during the year, and the register was revised.

119 samples were submitted to bacteriological examination, and of these thirty-one gave unsatisfactory results. In all these cases, improvement was effected.

Eighteen samples were tested for tubercle bacilli, and in the one positive case the infected animal was dealt with under the Tuberculosis Order, and destroyed.

Folkestone B.—There was an epidemic of gastro-enteritis (not serious in type, but extensive in attack) among the scholars of a large school for girls. 108 girls were taken ill at the end of one week ; and although the source of infection was never completely verified, it appeared certain that the infecting agent was cows milk.

Evidence indicated that the milk (which was Grade A, T.T.) may have been contaminated, either with dirt at the dairy, or by lack of care in the use of a certain detergent of considerable strength. No illness could be discovered among the farm-workers or the cattle at the farm concerned.

Dr. Priestman considers the epidemic to prove “ that scrupulous care by intelligent persons is needed throughout every stage of milk-handling, from cow to consumer, and raises the question of whether there should not be a standard detergent for the use of the trade as a whole.”

Rochester C.—At one farm, the cowsheds were completely re-modelled, and a new utensil-washing room was erected, fitted with steam boiler and sterilizing-cabinet. At one pasteurising establishment, arrangements have been made for the installation of new plant, including a cooler of the cabinet type.

Sevenoaks U.—A large model dairy was erected at one farm, and fitted with pasteurising plant. All milk is passed through this plant, and all is sold bottled.

Sevenoaks R.—“ The Accreditation Scheme has resulted in a wonderful improvement in the methods of production, and has in many cases aroused a fresh interest on the part of the dairymen as to the necessity for clean milk.”

Tonbridge R.—A special endeavour was made to encourage farmers to produce ‘ accredited ’ milk. The number of licences issued under the Order has increased.

On page 74, in the Laboratory Section of this Report, will be found an extract from my School Annual Report for 1935, dealing with Milk in Schools.

(b) MILK AND CREAM REGULATIONS.—Among the formal samples examined by the County Analyst during the year (a summary of the work done will be found on page 107 of this report) were 2,046 of new milk, and 51 of cream. One milk was found to contain preservative, to the extent of 10·0 parts of formaldehyde per million, and proceedings were taken against the farmer concerned, who was fined 40/-.

(c) MEAT SUPPLY.—Figures showing the number of inspections of slaughter-houses in each district, will be found in Tables 24 and 25 at the end of this report ; and it will be realized that a great deal of time and care is exercised in supervision of this article of food. In addition to the examination of several thousands of carcasses, the actual structure and condition of the slaughter-houses is continually under observation.

The following extracts are taken from the district reports and summaries :—

Beckenham B.—Out of 9,719 animals slaughtered, diseased conditions were found in 673.

Bromley B.—Out of 2,988 carcasses inspected, 265 were affected with disease.

Faversham B.—The compulsory use of a mechanical instrument for stunning sheep, was extended to the added area.

Maidstone B.—The medical officer of health again urges the establishment of a public abattoir.

(d) OTHER FOODS.—The following notes on various articles of foods other than those referred to in the preceding paragraphs, are taken from the district reports and summaries :—

Broadstairs and St. Peter's U.—Eight samples of ice-cream, submitted to bacteriological examination, gave unsatisfactory results.

Folkestone B.—There was also a small outbreak of severe poisoning (with one fatal case) arising from the consumption of ox-tongue, which had been pickled in a brine solution which was found to contain large numbers of *staphylococci*, and a haemolytic strain of *staphylococcus aureus*.

Herne Bay U.—Six samples of ice-cream were examined, and two of them were unsatisfactory.

Malling R.—Over 15,000 tins of fruit were surrendered, owing to being hydrogen-blown as a result of faulty tins.

Strood R.—Regulations have been made by the Ministry of Health (and came into operation at the commencement of 1936) with regard to the prohibition of sale of all shell-fish taken from a prescribed area of the Rivers Medway and Swale, unless such shell-fish are first subjected to an approved process of cleansing.

(e) SALE OF FOOD AND DRUGS ACTS.—I am indebted to the County Analyst for the information in Table 23, which includes the figures given under the heading of "Milk and Cream Regulations," on page 105 of this report; and I wish to acknowledge here the willing assistance and helpful co-operation which are at all times forthcoming from the County Analyst and his staff.

Reference to official circulars in connection with food supplies, will be found on pages 13–17 of this report.

TABLE 23.

Showing Examinations by the County Analyst, under the Food and Drugs Acts, during 1935.

Article.	Submitted by County Inspectors					Submitted by Local Sanitary Authorities			Submitted by Private Purchasers	
	Number examined	Adul-terated	Genuine	Inferior	Percentage Adul-terated	Number examined	Adul-terated	Genuine	Number examined	Adul-terated
Ammoniated tincture of quinine ...	23	1	22	—	4·3	—	—	—	—	—
Arrowroot... ..	4	—	4	—	—	—	—	—	—	—
Baking-powder ...	23	—	23	—	—	1	—	1	—	—
Boracic acid ointment ...	8	—	8	—	—	—	—	—	—	—
Brandy	29	—	29	—	—	—	—	—	2	—
Brawn	3	—	3	—	—	—	—	—	—	—
Butter	349	2	347	1	0·6	11	—	11	—	—
Camphorated oil ...	24	—	24	—	—	—	—	—	—	—
Castor oil	22	—	22	—	—	1	—	1	—	—
Cheese	12	—	12	—	—	—	—	—	—	—
Cinnamon, ground ...	15	—	15	—	—	—	—	—	—	—
Citric acid... ..	4	—	4	—	—	—	—	—	—	—
Cocoa	49	—	49	—	—	2	—	2	1	—
Cod Liver Oil	25	—	25	—	—	—	—	—	—	—
Coffee	65	—	65	—	—	1	—	1	—	—
Coffee and chicory ...	7	—	7	—	—	1	—	1	—	—
Cornflour	8	—	8	—	—	1	—	1	—	—
Cream	51	—	51	—	—	4	—	4	2	—
Custard powder	7	—	7	—	—	1	—	1	—	—
Flour	16	—	16	—	—	—	—	—	—	—
Flour, self-raising ...	22	—	22	—	—	4	—	4	—	—
Fruit, dried	20	—	20	—	—	1	—	1	—	—
Gin	31	—	31	—	—	—	—	—	—	—
Ginger, ground	5	—	5	—	—	1	—	1	—	—
Iodine, tincture of ...	14	—	14	—	—	—	—	—	—	—
Jam	17	—	17	—	—	3	—	3	—	—
Lard	86	—	86	—	—	4	—	4	—	—
Linseed, crushed ...	4	—	4	—	—	—	—	—	—	—
Margarine	190	—	190	—	—	1	—	1	—	—
Mercury ointment ...	3	—	3	—	—	—	—	—	—	—
Milk—condensed... ..	8	—	8	—	—	3	—	3	—	—
„ human	—	—	—	—	—	—	—	—	13	—
„ new	2,046	50	1,996	56	2·4	15	—	15	555	14
„ goats'	—	—	—	—	—	—	—	—	49	—
Mincemeat	2	—	2	—	—	—	—	—	—	—
Mustard	21	—	21	—	—	—	—	—	—	—
Nitrous ether, spirits of ...	4	—	4	1	—	—	—	—	—	—
Oatmeal	16	—	16	—	—	—	—	—	—	—
Olive oil	15	—	15	—	—	—	—	—	—	—
Pearl barley	3	—	3	—	—	—	—	—	—	—
Peas, preserved	20	—	20	—	—	1	—	1	—	—
Pepper	18	—	18	—	—	2	—	2	—	—
Pickles	3	—	3	—	—	—	—	—	—	—
Rice	20	—	20	—	—	—	—	—	—	—
Rice, ground	10	—	10	—	—	2	—	2	—	—
Rum	19	1	18	—	5·3	—	—	—	—	—
Sago	5	—	5	—	—	—	—	—	—	—
Sausages	20	—	20	1	—	3	2	1	7	—
Sponge mixture	2	—	2	—	—	1	—	1	—	—
Suet, shredded	11	—	11	—	—	—	—	—	—	—
Sugar	63	—	63	—	—	6	—	6	—	—
Tapioca	15	—	15	—	—	2	—	2	—	—
Tartar, cream of	5	—	5	—	—	—	—	—	—	—
Tea	12	—	12	—	—	—	—	—	—	—
Vinegar	9	—	9	—	—	1	—	1	—	—
Whisky	54	—	54	—	—	—	—	—	—	—
Zinc ointment	2	—	2	—	—	—	—	—	—	—
Various	26	—	26	—	—	11	—	11	27	2
Totals	3,565*	54	3,511	59	1·51	84†	2	82	656	16

*In addition to these examinations, 107 informal samples were examined, of which 104 were genuine.

†Twenty-three informal samples were also received from Local Sanitary Authorities, and two of these were found to be adulterated (one of milk, and one of meat).

SHOPS ACT.

District medical officers of health were asked to include in their annual reports, particulars of any action taken during the year under the provisions of the Shops Act of 1934, relating to the ventilation and temperature of shops, and to sanitary conveniences.

Inspections in this connection reached a very considerable total, while in several districts the work was still in progress at the end of the year. Defects discovered in the matters mentioned above were the subject of notice to the persons concerned, and in nearly all cases the deficiencies had been remedied by the end of the year.

SANITATION OF HOPPER ENCAMPMENTS.

The hop-picking season of 1935 was a fairly successful one. There was a diminished yield, but the quality of the crop was generally good. Gales in September caused some damage, and the area left unpicked showed, as a consequence, a marked increase over the previous year.

Dr. Galbraith, in his annual report for the South-West Kent United Health Area, again devotes considerable space to the subject of hop-picking.

There was a slight increase in the acreage "under hops," and the five rural districts of his area showed an aggregate of 6,312 acres, out of the Kent total of 10,142. (It may be noted that Kent contains more than half of the hop-acreage of the whole of England and Wales).

Some damage resulted to the crops from the gales of September, and there was a marked increase in the area left unpicked. Weather conditions were not ideal, the first week being particularly wet, and the last week developing a phenomenal gale. It is gratifying to note, therefore, "that only one complaint was received regarding huts not being weatherproof."

Dr. Galbraith, early in the year, had a discussion with medical officers of the Ministry of Health, who, although appreciating the progress made in past years, felt that the bye-laws should be more strictly enforced. In *Maidstone Rural*, as a result of this, it was decided to revise the local bye-laws up to the 'model' standard, and appoint a permanent Assistant Inspector.

The arrangement made whereby the services of the local parish doctor were available with regard to general diseases, proved to be of great value; and in *Cranbrook Rural*, *Maidstone Rural* and *Tonbridge Rural* the respective Councils were recommended (on the advice of the Ministry) to appoint their local Hospital Medical Officers as deputies to the Medical Officer of Health as regards infectious diseases.

Preliminary inspections of camps were made by a medical officer of the Ministry before picking commenced and further inspections whilst picking was actually in progress: and with a few exceptions the camps showed considerable improvement. Further, at the commencement of picking, the Minister of Health made a personal tour of inspection of eight farms.

As in 1934, a series of practical hints were circulated, by press and by post, to all hop-farmers: printed bills, showing the main points of the bye-laws, were posted in the encampments, with a footnote asking pickers to report their complaints to the medical officer of health or the sanitary inspector; and a circular letter was sent to all local and dispensary doctors, advising them of local hospital arrangements.

The Automobile Association again co-operated by posting warning notices near encampments.

Several farms were visited regarding the provision of fireplaces in cook-houses. "It has been said that the provision of cook-houses is unnecessary," and as regards fireplaces, "the growers maintained that they cannot be compelled to provide these under the bye-laws."

The Sanitary Inspectors presented special reports to the respective Councils, and Dr. Galbraith quotes extracts from these.

In *Cranbrook Rural* there were only three notifications of infectious disease, and the patients were removed to the local isolation hospital. (One of these cases was quickly discharged, as not suffering from the disease suspected). Six growers had failed to provide suitable cooking-houses, and it is advised that they be requested to do so before the next season, under pain of proceedings being taken against them. On one farm where all conditions were adverse, an undertaking has been given to carry out the full requirements of the Council before the 1936 season.

In *Maidstone Rural* the Inspector reports many improvements, despite the handicap of many wet and rough days. Bills were posted giving hints to the occupiers as to how to use their camps; "and I think this, with the goodwill of the growers and pickers alike, accounted for the very great improvement in the cleanliness of the camps." There was a very great improvement also in the class of latrine provided, "and there was no doubt whatever that the pickers appreciated this, with the result that they were used more than in the past."

In the preceding year, fifteen camps in this district had been reported as unsatisfactory. This year they were particularly good—"in fact, in some of them so many improvements had been carried out that we could hardly recognise them." One farm was adversely reported on, and indeed the question of closing it was under discussion; but it appeared that there was no power to take this step.

Specific instances are given of the improvements effected on many farms—new huts, huts reconstructed, boilers provided to supply hot water. On one farm the whole of the old privy accommodation had been scrapped, and replaced by twenty new portable latrines of approved type. "The improvement in this camp, which is used at week-ends by hundreds of people, was almost unbelievable."

Food supplied by local shops and stores was good; but considerable trouble was caused by the large numbers of hawkers in the district. In one case twenty-seven pieces of mutton had to be seized, condemned and destroyed; and proceedings were taken against the hawker (who had to be traced by the police) and he was fined £10, or two months' imprisonment.

There were eleven cases of infectious diseases among the pickers, all of which were admitted to the local isolation hospital.

An interesting comment is that out of 108 growers in this district, only seventeen gave the necessary notice of occupation of their huts, in accordance with the Council's bye-laws.

In *Tonbridge Rural*, note was taken of useful improvements that could be effected in the camps, and these will be followed up before the next picking season. There was a considerable increase in latrine and cook-house accommodation. Only one camp was really unsatisfactory, and here the erection of new huts, with necessary equipment, has been promised before the next season.

"Infectious disease amongst the pickers was conspicuous by its absence."

The infectious diseases notified among pickers in this South-West Kent Area totalled twenty-three (five of scarlet fever and eighteen of diphtheria); fourteen of the notifications came from the farms, the remainder being notified as having developed on return to London. All fourteen of the cases occurring in the area were admitted to hospital.

A leaflet of warning that contacts to, or actual cases of, infectious disease, were not to come to the hop-fields, was issued to prospective pickers by the London County Council, with the advice and concurrence of Dr. Galbraith and the Kent County Health Department. Dr. Galbraith is of opinion that this is a step of some value, and mentions that since the adoption of this leaflet fewer contacts have come from London—e.g., only one family, contacts to diphtheria, were visitors to the hop-fields of his combined area during 1935.

Colonel A. Chopping, the Honorary Medical Adviser of the Hop-pickers' Medical Treatment Board, states in his Report on the work during 1935, that there were two hospitals and sixty-three dispensaries in Kent, serving 348 camps. These organizations treated 10,376 new patients, who made 23,806 attendances; and supplied the services of eleven doctors, eleven medical students, thirty-three trained nurses, seventy-one partly-trained nurses, and many other helpers.

The work of these organisations is very efficient, and is greatly appreciated by the pickers.

The following comments are taken from the reports and summaries of the district medical officers of health :—

East Ashford R.—The principal defects outstanding were rectified, including the conversion of seven privy-vault closets into pail-closets with cement floors. The entire closet-accommodation in connection with all the hop-pickers' encampments is now of the recognised portable or pail-closet type.

There was no case of infectious disease among the pickers.

Bridge-Blean R.—General improvements have been effected in the encampments. The adoption of model bye-laws is recommended.

Dartford R.—Only one camp in this district was used during 1935.

Hollingbourn R.—There was a good general improvement in the encampments during the year ; and further improvements are being carried out.

Malling R.—Improvements effected in camps generally, throughout the district.

Sevenoaks R.—Difficulty is experienced in inducing the pickers to use the accommodation provided for them.

One case of scarlet-fever occurred, but prompt action prevented any spread of the disease.

HOUSING.

It is no longer a requirement of the Ministry of Health that detailed statistics concerning housing should be contained in the annual report of a county ; but for purposes of comparison some figures for the past five years are given below :—

			1931.	1932.	1933.	1934.	1935.
Houses Inspected :							
Urban	...	...	16,415	16,772	21,663	24,378	21,319
Rural	...	...	6,125	6,361	7,190	15,073	4,156
Houses found unfit for human habitation :							
Urban	...	...	435	291	824	749	671
Rural	...	...	282	130	456	280	152
Houses demolished :							
Urban	...	...	69	267	178	177	179
Rural	...	...	23	16	57	99	60
Houses where remedy of defects was effected :							
Urban	...	...	10,808	9,642	10,556	8,823	10,466
Rural	...	...	2,704	2,911	2,681	1,472	1,748
New houses erected :							
Urban	...	...	7,057	7,077	10,424	13,455	12,485
Rural	...	...	2,908	3,228	4,457	2,991	2,335
Approximate shortage :	...						
Urban	...	...	4,256+	3,346+	3,640+	2,792+	1,904+
Rural	...	...	1,145+	883+	1,000+	862+	1,105+

It will be noticed that as regards houses inspected and houses found to be unfit for human habitation, there was a considerable reduction as compared with 1934. Houses demolished remain at a figure which corresponds fairly closely with those of the past few years.

There was a somewhat sharp rise in the number of houses where defects were remedied, as compared with the preceding year.

The number of new houses erected represents a decrease, but it should be remembered that the figures for 1934 were unusually high.

The approximate shortage is estimated as something more than three thousand houses, as compared with roughly 3,600 in the preceding year; and of this number about 1,100 would be required to replace unsatisfactory property, and the remaining 1,900 to provide additional accommodation.

Certain other figures from the reports are interesting. Sanitary officials made more than 64,000 inspections in connection with housing. Apart from the 823 houses unfit for habitation, there were 10,794 houses "not in all respects reasonably fit for human habitation." Notices requiring repairs and the remedy of defects were served in respect of more than 2,100 houses.

Council-owned houses in Kent now amount to more than 20,000.

Certain of the above figures are shown in their allocation to individual rural districts, in the following tabulation:—

District.	New Houses built during 1935.		Houses required for the accommodation of the working classes.		District.	New Houses built during 1935.		Houses required for the accommodation of the working classes.	
	By the Local Authority.	By other bodies or persons.	To replace unsatisfactory property.	To provide additional accommodation		By the Local Authority.	By other bodies or persons.	To replace unsatisfactory property.	To provide additional accommodation
Ashford, East ...	—	39	—	—	Milton* ...	—	6	—	—
Ashford, West ...	—	50	—	—	Romney Marsh ...	—	59	14	30
Bridge-Blean ...	—	103	30	70	Sevenoaks ...	88	198	50	100
Cranbrook ...	14	37	10	50	Sheppey ...	—	163	—	—
Dartford ...	100	264	—	112	Strood ...	22	149	15	62
Dover ...	—	101	8	—	Swale† ...	17	59	30	52
Eastry ...	39	206	?	?	Tenterden ...	—	11	?	?
Elham ...	—	47	20	30	Thanet* ...	—	26	—	—
Faversham* ...	—	4	20	—	Tonbridge ...	—	115	20	50
Hollingbourn ...	14	58	6	103					
Hoo‡ ...	—	—	—	—	Totals in Rural Districts ...	316	2019	313+	792+
Maidstone ...	—	90	40	10					
Malling ...	22	234	50	123			2,335		1,105+

* Figures for January–March only.

† Figures for April–December only.

‡ Figures included in those of *Strood Rural* (q.v.)

The following comments upon matters of housing in general, are taken from the reports and summaries of the district medical officers of health:—

Ashford U.—118 houses are being built, to replace unsatisfactory property in the town.

Beckenham B.—A survey was made under the Housing Act of 1935, of certain districts of the town, and embraced 7,594 houses in 141 roads. These houses contained 8,841 families, with 28,098 occupants—23,993 adults, 3,817 children between the ages of one year and ten years, and 288 infants under one year of age.

The greatest density was found in the Corporation housing estates, indicating "that in selecting tenants for these houses every effort is made to allot houses to families with several children, who are unable to secure for themselves adequate accommodation."

By applying the standards and provisos contained in the Act, it was found that fifty-nine families were overcrowded.

Making due allowance for vacant houses, and the removal of overcrowded families to more adequate houses, it was found that new houses were required for twenty families with a total of 135 persons.

The survey makes certain criticisms of the standards laid down in the Act.

Bromley B.—A preliminary survey has been undertaken, which revealed 459 cases of overcrowding. In 1936 these overcrowded houses are being individually investigated. "Overcrowding exists chiefly in the sub-tenant families and brings forward again the necessity of bye-laws dealing with houses-let-in-lodgings. It is these families who live not only in overcrowded conditions, but without the amenities that make for a happy home."

Broadstairs and St. Peter's U.—In addition to the two houses demolished in pursuance of Demolition Orders, one other house was demolished as a result of informal action; undertakings were obtained in respect of five houses, that such houses would not be used as dwellings; and undertakings obtained to re-condition four houses.

A survey showed that there were four cases of overcrowding in the area.

Chatham B.—Dr. Holroyde made a special report on the Housing Act of 1935, and the memoranda which dealt with the requirements of that Act. He considers that shortage of housing is being met, and mentions the overcrowding ratio in the area as 1·8%.

In his annual report, Dr. Holroyde writes:—"It is with much satisfaction that I can draw attention to the vastly-improved housing conditions of the Borough, the full extent of which will shortly be apparent. The Council merits the congratulation of all persons on its earnest efforts to do away with the disgraceful and insanitary hovels which existed in various parts of the town.

"The housing problem is of a complex character, and it cannot be divorced from the economic and social condition of the population, and above all from their health, their habits and mode of life. In its essence it is, and always has been, a problem most vitally affecting the lower wage-earning classes, those whose work is irregular and whose weekly incomes hardly suffice for their needs.

"For years past local authorities have possessed powers for dealing with insanitary property, but these powers were much in abeyance owing to the lack of any provision for the accommodation of people dispossessed by the closure of unfit houses.

"To condemn a house here and there, without providing alternative accommodation, did no real good. The question had to be dealt with in a drastic manner. Nothing but clearance on a wholesale scale, hand-in-hand with the provision of houses of a suitable type, would suffice.

"The Act of 1930 directed the attention of local authorities to three categories of slums, viz., Clearance Areas, Improvement Areas, and individually defective houses. The provisions in regard to improvement areas have been little used and have since been repealed.

"In April, 1933, the Minister of Health issued Circular 1331, calling upon all housing authorities to prepare and adopt a programme for the clearance or improvement of unhealthy areas within five years. Before the issue of this Circular a programme for Chatham was drawn up and has been vigorously pursued, with the result that the work is well advanced and before long will be completed.

"It was obvious that if any improvement of the conditions under which masses of people were living was to take place, it could never be achieved by private enterprise. Year after year went by, and although there was great activity in the building trade it made no appreciable difference to the problem. Up to 1930, none of the numerous Acts was successful in solving the question of providing sufficient houses at a rental within the means of the lower-paid workers. During the five years which have elapsed since the 1930 Act came into operation, an old Chatham is rapidly disappearing and a new one is arising, and the change is bringing not only comfort and improved health to many households, but it is arousing a new spirit amongst those whose previous surroundings tended to create apathy and neglect. The difficulties which beset many slum-dwellers, such as outside

water supplies and sanitary conveniences used in common, dark damp ill-ventilated dilapidated and insanitary houses, were hardly conducive to cleanliness either of persons or houses.

"Not the least pleasing of the results of improved housing is a reform in the habits of many of the occupants. Fresh air, ventilation, sunlight, and an easily accessible supply of water must be conducive to improved health.

"There will be some failures, because the ingrained habits of a lifetime are not easily changed, but the failures are few in number as compared with the successes. In all walks of life there are some people who fail to reach the average standard of cleanliness and good management. As yet one can hardly estimate the real value of improved housing in its social aspect, but there is an undoubted desire amongst the people for better living conditions. The rising generation will be brought up free from the degrading influences of the slums. No person can live long amidst vulgar and debasing conditions without succumbing in greater or less degree to the effects of environment. The general attitude of the people transferred is one of appreciation of their new surroundings, and as a rule there is an endeavour to make good use of facilities hitherto lacking in their lives."

An overcrowding-survey was commenced in the town at the end of the year.

Chislehurst and Sidcup U.—There is a demand for houses of a very cheap rental, for the lower-paid workers—those with an approximate wage of 50/- per week.

Crayford U.—It is estimated that 200 houses are required, to provide additional accommodation. This figure is based on the number of applicants for Council houses whose present accommodation consists of one or more rooms, occupied either as sub-tenants or lodgers. The housing shortage in the district is largely controlled by industrial activity, and a large number of the housing applicants are people who have come into the district to work.

There is still a number of empty houses within the area. This is probably due to the high rent demanded; and the Sanitary Inspector expresses the hope "that the time is not far distant when the Rent Restrictions Act will be replaced by an Act that will place a fair rental value on property."

Dartford B.—"An enumeration under the Housing Act of 1935 revealed 69 cases of overcrowding; but there were at the same time 101 vacant houses. It would appear, therefore, that the shortage has been made up, so far as overcrowding is concerned."

Deal B.—The high rate of building by private enterprise has reduced the housing shortage to a minimum.

Folkestone B.—"Houses mostly required are those which can be let at a low rent to persons who are not, and never will be, able to purchase a house either by the aid of Building Societies or other means. Where overcrowding exists it is mainly due to the fact that the tenants are so poor that they share a house owing to their being unable to pay rent."

Herne Bay U.—The fourteen houses required are to replace tenants from two Clearance Areas; and they are being provided.

Hythe B.—Forty-five additional Council houses are now in course of erection. Twenty-five of these will be allocated to the 1930 Act, to replace unfit houses already under demolition orders; the remainder will be used to deal with some of the overcrowding in the town. All of them will be completed in 1936.

Maidstone B.—An overcrowding-survey was in progress at the end of the year.

Margate B.—"There is still a demand for houses which can be occupied by the poorer classes, at an economic rent."

Northfleet U.—A survey revealed forty-five cases of overcrowding. The Council is erecting twenty-eight three-bedroomed parlour-type houses.

Penge U.—There is sufficient accommodation in the empty houses, flats and tenements of the district, to re-house the cases of overcrowding: the main difficulty is the question of high rents, and the reluctance of owners to let to families with young children.

The letting in tenements of the larger houses, is increasing.

Queenborough B.—A housing survey is being carried out: and the Council has obtained a site and will consider tenders for the erection of houses of two types. Negotiations are in hand, also, for a further site or sites.

Ramsgate B.—Nine "clearance areas" were dealt with. Orders of demolition were made, and eight of the areas were cleared, while the remaining one area will be dealt with during 1936.

The Council erected further houses in the Dumpton district; but there is still a demand for the smaller type of house at a low rental.

Rochester C.—An estimated requirement of seventy-five houses to provide additional accommodation, takes into consideration the fact that 125 houses are being built, by private enterprise, for letting; and plans have been passed for the building of several hundreds more on other private estates.

Sandwich B.—Inspections under the 1935 Act revealed sixteen cases of overcrowding. Plans are before the Council for the erection by private enterprise of sixty-six working-class dwellings. These will solve the local housing question.

Sevenoaks U.—A complete survey is being made, under the Act of 1935, of all houses up to a rateable value of £20.

Sheerness U.—A few more houses are required, for persons displaced from demolished houses; but there is very little overcrowding.

The houses built by the Council during the year were of two types; twenty-three were three-bedroomed houses, and the remaining ten were designed for occupation by aged couples. With the assistance of the subsidy, these houses can be let at 6s. 2d. and 5s. per week respectively, including rates. This has been a most successful scheme, the houses being very satisfactory and meeting a definite need.

Sittingbourne and Milton U.—A housing survey revealed that about forty houses were overcrowded, according to an agreed standard.

Swanscombe U.—The exact amount of overcrowding is not known until the housing survey of the district is completed.

Tenterden B.—A recent survey showed four houses to be overcrowded.

Tonbridge U.—There are some 300 names on the register of applicants for housing.

Out of 2,500 houses surveyed under the 1935 Act, eighty have been found to be overcrowded—forty-five privately owned, and thirty-five Council houses.

Tunbridge Wells B.—During the course of the housing-survey carried out under the provisions of the 1935 Act, approximately eighty-five cases of overcrowding were found; and the Council is taking steps to acquire land, with a view to the building of more houses to accommodate families living under overcrowded conditions.

East Ashford R.—An overcrowding survey is in progress.

Bridge-Blean R.—The shortage is certainly not so acute as it was, although it is difficult to give an estimate until the second survey under the Housing Act is completed.

Dartford R.—There were only four cases of overcrowding in the area, from two families occupying one house ; but the survey under the Housing Act revealed 112 cases of overcrowding by families occupying whole houses.

Eastry R.—The Council is erecting eighteen houses, which will complete its present programme. The increase of accommodation required by the mining population, has so far been met by the Colliery Companies.

Elham R.—There were eleven cases of overcrowding.

Hollingbourn R.—It is estimated that 103 houses are required to provide for the cases of overcrowding disclosed by a recent survey.

Maidstone R.—Only a very small percentage of overcrowding was revealed by the survey.

Malling R.—“ Many of the applicants for Council houses are either persons to whom other landlords would be chary of letting their property, or they are persons suitably housed but desirous of changing residence for either a new house or a house at a cheaper rental.”

Romney Marsh R.—A survey is being made in accordance with the 1935 Housing Act.

Sevenoaks R.—Some overcrowding is apparent in all parts of the area ; but the preliminary survey made under the 1935 Act shows that this is not serious.

Swale R.—The second part of the Council's “ slum-clearance ” programme (i.e. individually unfit houses) is not yet completed ; but so far, thirty houses have been marked for representation.

Tenterden R.—A recent survey showed fifteen houses to be overcrowded.

Thanet R.—There is no apparent need for additional Council houses ; but some four-roomed or five-roomed cottages at cheap rents would be an advantage, particularly in the rural portions of the district. There is no doubt some overcrowding—due to poor tenants being unable to obtain larger houses at a low rent.

WATER SUPPLY.

In the Annual Report for 1930 was set forth the sources of water supply of each district in the county, and (in the case of the rural districts) note was made of the parishes which are supplied mainly by wells or other sources. Such information has been brought up to date in succeeding reports ; and in the following paragraphs, extensions, complaints, and other matters of interest in 1935, are recorded, while Tables 24 and 25 show the number of premises in each area which are not connected to public supplies :—

Ashford U.—The two bore-holes at Westwell, referred to in my last report, now give 480,000 gallons per day. The million-gallon reservoir at Potter's Corner is nearly finished ; and supply is now satisfactory, both in quality and quantity.

Broadstairs and St. Peters U.—The installation of a new water-softening plant was completed.

Deal B.—The adits were extended by some 300 ft., and a new water-tower of reinforced concrete was erected, with a capacity of 100,000 gallons.

Faversham B.—An additional boring was sunk.

Folkestone B.—The Water Company employs a firm of bacteriologists to carry out regular bacteriological analyses. In addition, samples from specially provided and protected taps in different parts of the town are taken frequently for examination at the County laboratories.

Herne Bay U.—Considerable difficulty is being experienced in providing an adequate supply for the added area.

Hythe B.—The present supply is insufficient for future developments. The new bore-hole at Postling is not yet available for use. New pumps are to be installed.

Lydd B.—Owing to recent and future developments on the sea-coast, and the possibility of contamination of the water-supply, tests are being made to define the flow of water between the Water Company's gathering-grounds and the sea. Any future action for protection will depend upon the results of such tests.

Maidstone B.—Borings for the projected new source of supply at Boxley are well in progress, and this water will soon be available.

Margate B.—New electrically-operated pumping plant is being installed at Wingham to provide for future requirements, and a scheme is being undertaken to extend the westerly adit. It is estimated that such development will provide a sufficient yield for at least another thirty years.

Ramsgate B.—There was an extension of adits to the extent of one mile. Five wells in the area added to the borough were found to be polluted. A public supply was arranged in two cases, the remaining three cases are in hand.

Sevenoaks U.—The new pumping-station at Cramptons Road was brought into use in March, 1935, and since then no water has been pumped from the old works at Oak Lane.

Sheerness U.—Progress has been made in improvements to the water supply. The old and defective mains in parts of the town, which have for several years held up the provision of a constant supply, are now nearly all replaced; and shortly the small remaining portion will be completed.

The medical officer of health advocates that the present method of chlorination should be replaced by a more modern system.

Tenterden B.—A spring supplying some cottages at Smallhythe was found to be dangerously polluted and unsuitable for drinking purposes; and the Town Council was recommended to negotiate with the Cranbrook Water Company for the provision of a supply to this neighbourhood.

Whitstable U.—The Council has prepared, and submitted to the Ministry of Health, a scheme for large extensions of mains and the construction of a reservoir at Radfall.

East Ashford R.—Arrangements have been made for the provision of approximately two miles of mains, to serve outlying portions of the parishes of Warehorne and Bonnington; and further schemes are being considered for outlying parts of Smeeth and Chilham.

Bridge-Blean R.—Some connections to main-supply have been made at Thanington Without. The supply is said to be inadequate in the parishes of Lower Hardres, Stodmarsh, Chislet and part of Sturry ; and the provision of improved supplies is under consideration.

Dartford R.—Action is being taken to extend the mains of the Mid-Kent Water Company to serve the outlying parts of the parish of Kingsdown.

Dover R.—A main-supply is needed for the parishes of Capel-le-Ferne and Hougham.

Elham R.—Mains were extended to Etchinghill, and through Stelling, Stelling Minnis and Elmsted.

One well at Elham, found to be polluted, was closed, and water laid on to the six houses affected.

Hollingbourn R.—An extension of the mains to Stockbury will be commenced in 1936. In the parishes of Bredhurst and Chart Sutton the supply is insufficient.

Maidstone R.—A public supply is required for the district at the top of Hunton Hill.

Malling R.—Twelve samples of water were submitted to analysis, and two of these were found to be unsatisfactory. In each case the matter was remedied by connecting the premises to a main supply.

Romney Marsh R.—The Council has drawn up a scheme to carry a pipe-supply of water to every parish of the district ; and is awaiting the decision of the County Council as to what grant they will make towards the cost.

Quarterly analyses were made by all the Companies serving the district, and in every case these analyses were satisfactory. There has been no complaint in respect of either quality or quantity.

Twenty-two samples were taken from wells and springs. Seven of these proved to be unfit for use ; and the necessary action was instituted in each case.

Sheppey R.—The Rural District Council has acquired works at Warden, and is contemplating further extension towards Leysdown. Arrangements have been made with the Sheppey Water Company for the provision and use of mains at Brambledown.

Strood R.—Complaints were received of the inadequacy of water supplies in the parishes of Cliffe, Cooling, Grain, Luddesdowne and Meopham.

Tenterden R.—A further extension of mains, by some 2,400 yards, will probably be carried out in 1936.

Tonbridge R.—There was extension of mains at Speldhurst ; and the question of supply to Bidborough will be considered in the near future.

DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL.

In Tables 24 and 25 at the end of this Report is shown the number of premises in each district containing the different types of sanitary conveniences, and the number of drainage nuisances dealt with during the year.

The following comments upon matters of drainage, etc., are taken from the reports and summaries of the medical officers of health :—

Ashford U.—The drainage of Kennington, alterations of the drainage-system at Willesborough (to prevent pollution of the River Stour), and enlargement of the sewers in Godinton Road, are matters which will be begun probably during 1936.

Broadstairs and St. Peter's U.—The work of sewerage the Kingsgate and North-down areas was commenced.

Bromley B.—There was extension of the sewers at Longdon Wood, Forest Ridge and Forest Drive ; and in the added areas of Hayes and Keston the work of conversion to sewer-drainage has been continued.

Chatham B.—Owing to the liability to flooding in certain areas, and to building development, important extensions are in progress, including a new relief-sewer for storm-water, and a sewer-extension for the drainage of proposed new houses.

Deal B.—A scheme for main-drainage of the Mongeham area is being prepared, and this will include an intercepting sewer connection from the existing Deal drainage system, to relieve periodical flooding. A new sewer was laid in Manor Road to abate flooding in that area.

Erith U.—Many houses in the North Belvedere area are still drained to cess-pools ; but a scheme of main-drainage, which will serve about fifty-eight premises, is under consideration.

Herne Bay U.—A new low-level system has been constructed, to drain the new Bishopstone Manor Estate and some private streets in that area. A compressed-air ejector-station is installed to lift the sewage from this area, to the sewers gravitating to the disposal works. Also, a new underground pumping-station has been made, at the shore end of the sea outfall ; in this, electrically-driven disintegrating pumps are installed, which could deal with three or four times the dry-weather flow, before discharge, and could empty the tank-sewers in about one-tenth of the time that this could be effected by gravitation.

Hythe B.—There is a drainage system which serves the whole of the area with the exception of West Hythe, which is cesspool-drained. A scheme of drainage to serve this area has been drawn up, but awaits the consent of the War Office in respect of the position of the outfall.

Lydd B.—The question of main-drainage for the coastal area will need to be considered in the near future.

Maidstone B.—Approximately 8,800 feet of new sewers were laid, in extensions to serve the recently-added areas, at Loose, at Ashford Road and at Huntsman's Lane.

Margate B.—A new sewage-pumping station has been provided, which will discharge into a newly-constructed intercepting sewer ; and a scheme is being prepared, to augment the existing sewerage system of the town by duplicate main sewers, a new sea-outfall with electric pumping-plant, a new tank-sewer, etc. Such scheme is designed to be executed in instalments extending over thirty years.

New Romney B.—A new motor-lorry was purchased and is in use for the emptying of cesspools.

A scheme has been prepared, and application made for sanction to the necessary loan, for an extension of the present sewerage system so that it would cover the whole of the area.

Northfleet U.—The main-drainage scheme is almost completed, and nearly all the houses are now connected with the main sewers.

A portion of *Swanscombe Urban* is connected to the Northfleet system.

Orpington U.—Work in connection with the main-drainage of Chelsfield was well in hand at the end of the year ; and preliminary work was being undertaken in connection with the drainage of other unsewered portions of the district.

Rochester C.—During the year 467 connections were made to the new sewerage system, and the work of abolishing cesspools continues.

Swanscombe U.—Plans for secondary treatment of sewage, comprising the installation of rotary filters and pumping-plant, have been submitted to the Ministry of Health. A sewerage scheme for the Taunton Road area was completed, and is now ready for house-connections.

Tonbridge U.—A sewage-pumping station was constructed at Hadlow Stair and a main and sewers laid for areas to the east.

Whitstable U.—Engineers have been engaged to prepare a report upon a sewerage system for the whole area, with special reference to the prevention of flooding by surface water. The Swalecliffe sewer has been completed, and a considerable number of houses connected thereto, and a small extension has been made to the Chestfield sewer.

West Ashford R.—Improvements were effected at the disposal works at Charing and Smarden, and a section of sewer at the latter place was re-laid. Enlargement and renovation of the works and part of the sewer at Great Chart, and repairs at Bethersden, are needed and will be dealt with in 1936.

Bridge-Blean R.—Plans are being prepared for the drainage of Sturry, Westbere, Chislet and Harbledown.

Cranbrook R.—Action was taken to abate a nuisance from a small installation at Hawkhurst, and a new filter-bed will be constructed in 1936.

Dartford R.—It is proposed shortly to sewer the Bean portion of the parish of Stone.

Dover R.—Main-drainage needs to be considered for Capel-le-Ferne, Hougham, St. Margaret's Bay and Whitfield.

Elham R.—Main-drainage is required for Elham, Lyminge and Newington. An engineers' report on this question has been obtained, and it is probable that the matter will be put in hand shortly.

Hollingbourn R.—Matters of sewage disposal and drainage need remedy at Hollingbourn, Harrietsham, Leeds, and Thurnham (Ware Street). The matter is being dealt with by the Council.

Maidstone R.—The sewage disposal works at Staplehurst were completed early in the year : and schemes are in preparation for the drainage of Barming and Yalding.

Malling R.—The West Malling sewer, along Ryarsh Lane, was diverted and dragged, to assist the natural flow to the outfall. There is need for a complete re-laying of the Aylesford rising-main, and conversion of the existing pumps to electrically-operated pumps with a working capacity of 6,000 gallons per hour.

Romney Marsh R.—The Rural District Council has drawn up a £43,000 scheme for the parish of Dymchurch, and is waiting to hear how much the County Council will contribute towards the cost.

Sheppey R.—Extensions of main-drainage are being made, towards Queenborough and Eastchurch.

Strood R.—A consulting engineer has been engaged to prepare a scheme of main-drainage for the whole of the parish of Hoo.

Tenterden R.—A scheme of sewerage and sewage disposal for Wittersham has been approved, subject to financial assistance being granted by the County Council.

There were some complaints of drainage nuisance at High Halden, which received attention. The whole question of sewage disposal for this parish was carefully considered, and a scheme prepared, which, however, was found too costly.

Complaints were also received of nuisances arising from sewage disposal at Woodchurch and Appledore, and these matters are receiving attention.

Tonbridge R.—A scheme for the parishes of Brenchley and Horsmonden is under consideration.

SCAVENGING AND THE DEPOSITION OF HOUSE REFUSE.

In the Annual Report for 1930 particulars were given of the frequency of collection, the responsibility for collection, and the method of disposal of house-refuse, in each sanitary district of the county; and such particulars have been brought up to date in each Report since then.

The following paragraphs set out the alterations, improvements or deficiencies recorded during 1935, and in Tables 24 and 25 is shown the number of nuisances dealt with in respect of offensive accumulations and the provision of refuse receptacles.

Ashford U.—Scavenging in Kennington and Willesborough will be undertaken twice weekly in the near future.

Beckenham B.—A new destructor-plant was erected and brought into operation, to deal with the refuse from the added areas. Controlled tipping was used temporarily, but with considerable difficulty.

Chatham B.—Comment is made again on the need for suitable receptacles for the storage of refuse—"there is a little improvement, but the conditions are still far from what they ought to be."

Controlled tipping is now in force, and has resulted in great improvement on the former "unsightly, insanitary and foul-smelling dump."

Chislehurst and Sidcup U.—The method of disposal of refuse remains the same; but the Council has agreed in principle to the provision of a destructor. A collection-service for trade-refuse was commenced during the year.

Dartford B.—Owing to the growth of the district, the existing destructor became too small to deal with the whole of the refuse, and part of such refuse had to be disposed of by controlled tipping. This was carried out very satisfactorily.

Deal B.—The whole of the area, including the added portions, now has a twice-weekly collection of refuse throughout the year.

Dover B.—Disposal is by controlled tipping. A destructor would be an advantage.

Erith U.—The system of controlled tipping was altered to one of removal by barges under contract.

Herne Bay U.—Refuse-collection was extended, to include the village of Reculver. The refuse is disposed of by controlled tipping on a site at Broomfield.

Hythe B.—The destructor requires enlargement by the provision of an additional cell. A new dual-purpose vehicle has been purchased, which will be used part-time in additional collections of house-refuse.

New Romney B.—A new motor-lorry has been purchased, and was in use during most of the year.

Rochester C.—A scheme has been initiated for the provision of sanitary dustbins to every house.

Sandwich B.—The refuse-dump is unsatisfactory, and complaint is made of rats. Renewed efforts should be made to obtain a suitable site for an incinerator.

Swanscombe U.—Refuse is tipped in a disused quarry, 600 feet from the nearest dwelling-house ; and one man is continually employed to prevent nuisance arising.

Tonbridge U.—A weekly collection has been inaugurated for the whole of the urban district ; and controlled tipping has been adopted.

Whitstable U.—The two controlled tips, at Tankerton and Swalecliffe, are both nearing completion ; and a compulsory purchase order has been made in respect of land at Yorkletts, to be used for the purpose.

East Ashford R.—A general clearance of dumps by the road-side and adjacent thereto, has been carried out by the District Council ; and new schemes have been organised for the parishes of Orlestone and Warehorne.

West Ashford R.—A conference was held at the end of the year, between representatives of the parishes and the local authority ; and a scavenging scheme is likely to be put into operation during 1936.

Bridge-Blean R.—A scheme has been adopted for the scavenging of five additional parishes.

Cranbrook R.—The Council has considered a collection scheme for the whole district, and referred it to the Parish Councils.

Eastry R.—The Council is undertaking the scavenging of the area ; and controlled tipping is being tried at a site near Eastry.

Maidstone R.—Refuse-collection is needed in all the parishes save Bearsted and Loose ; and a comprehensive scheme was prepared and submitted to the parish councils. Such scheme was opposed by most of them.

Sevenoaks R.—Collection by direct labour has proved satisfactory, and complaints have been relatively few. The Bradford system is used in the two tips which serve the area—one in the north and one in the south of the district.

Sheppey R.—The Council is considering an extension of its direct system of scavenging (now serving Minster and part of Eastchurch) to cover the remainder of Eastchurch and the parishes of Warden and Leysdown, which are all at present served by a contract system.

Tonbridge R.—There is now a fortnightly service throughout the whole of the district.

No complaint has been received in respect of any of the dumps, which are well-managed. "There is now a demand from land-owners to have similar filling-up work done on their waste property."

NUISANCES FROM THE DEPOSITION OF REFUSE BY OUTSIDE AUTHORITIES.

There are only two references to this matter in the reports of the district medical officers of health.

In *Strood Rural*, complaints continue to be received, chiefly from the parishes of Meopham, Denton and Strood Extra, respecting nuisance caused by the wholesale dumping of house-refuse in these districts by outside authorities.

In *Dartford Rural*, Dr. Ockwell mentions that improvement is still maintained at the dump of the Southwark Borough Council, at Longfield.

At the time of writing, an inquiry is being made into the position in the different districts.

POLLUTION OF RIVERS OR STREAMS.

The following notes are taken from the reports and summaries of the district medical officers of health.

Ashford U.—Pollution of the *River Stour* by sewage from Kennington and Willesborough will be obviated by the proposed new drainage work in those districts.

Beckenham B.—Warning had to be given to garage-proprietors with reference to the contamination of surface-water finding its way into streams.

Bromley B.—Four nuisances from pollution of a minor character were investigated and were remedied after the service of informal notices.

Chislehurst and Sidcup U.—On one occasion stream-water was found to be receiving untreated trade-waste, but on the matter being brought to the notice of the factory owners concerned, the nuisance was abated.

Erith U.—Complaints have been received as to alleged pollution of the *River Thames*; but there was no real evidence of this.

Herne Bay U.—Complaint arose from the discharge into a stream of drainage from a dwelling-house and dairy-farm. The nuisance was abated by the extension of the main sewer so that the premises could be connected thereto.

Maidstone B.—The firms on the banks of the *River Medway* have again co-operated with the local authority in an endeavour to secure an improvement in the condition of the river.

The state of the *River Len* was again a cause for complaint during the summer ; and although some lessening of pollution has been effected, the condition of this stream is still far from satisfactory.

Penge U.—It was necessary for the boundary stream, between Penge and Beckenham, to be cleared of rubbish periodically. During the year, the two councils agreed to culvert a further portion of this stream, and the work will be put in hand during 1936.

Rochester C.—The *River Medway* is polluted by sewage and trade effluents from shipping and from the towns, although partial treatment of a large proportion of the crude sewage, before discharge, decreases the intensity of such pollution.

Sandwich B.—Sewage is still discharged, untreated, into the *River Stour*.

Maidstone R.—The *River Medway* is badly polluted at Yalding, but a sewage-disposal scheme for this village is being prepared.

Sevenoaks R.—Five cases arose of the pollution of streams, but in all such cases the pollution was abated after the service of informal notices.

SWIMMING BATHS AND POOLS.

The Ministry of Health requests that annual reports should contain particulars of public or privately owned swimming baths or pools open to the public, and of action taken to ensure the satisfactory condition of the water. The following notes, therefore, are taken from the district reports in Kent :—

Ashford U. Considerable alterations (including a filtration plant) are proposed to improve the condition of the water at the public swimming baths, which had been examined bacteriologically.

Beckenham B. At the Corporation baths, two-hourly tests were made throughout the season ; and weekly summaries of these tests were considered by the medical officer of health. A plant is in use which provides continuous filtration and chlorination.

Broadstairs and St. Peter's U. There are seven swimming pools in connection with private schools in the district ; and one public swimming-pool at a large hotel. All are supplied with water from the public mains, by arrangement ; they are frequently inspected and samples are taken during the summer months.

Bromley B. There is a swimming-bath, belonging to the Corporation, which has a filtration and chlorination apparatus.

Chatham B. The use of the Garrison Swimming Pond is permitted to children attending elementary schools, on certain fixed days during the summer.

Chislehurst and Sidcup U. There is one small, privately-owned, pool. No action was necessary in respect of this.

Crayford U. There is one swimming-pool, at Marten's Grove. This pool is sprayed with chloros, twice daily, and frequent samples of the water are taken for analysis.

Dartford B. A continuous-filtration plant is being installed at the Corporation's open-air bath.

Dover B. The sea-baths are kept under supervision.

Erith U. At the open-air swimming-baths belonging to the Council, the water is passed through mechanical filters, bacteriological examinations are made (these gave a satisfactory result), and the water appears to be clean and satisfactory.

Folkestone B. The local public swimming-baths have been thoroughly cleaned and renovated, and there is now a continuous flow of sea-water at the rate of 1,080 gallons per hour.

Gillingham B. A Candy filtration plant has been installed.

Gravesend B. It was found necessary to have the swimming-bath emptied every twenty-four hours ; and measures are being taken to instal a new bath under better conditions.

Maidstone B. A new plant has been installed at the baths belonging to the Corporation, which effects constant purification of the water by filtration and chlorination.

Northfleet U. The swimming bath of the Associated Portland Cement Manufacturers, Ltd., is available to residents of this district. The water is filtered, purified and aerated once in every six hours ; and the sides, bottom and ' surround ' of the bath are cleaned daily.

Orpington U. No action was necessary in regard to the two swimming baths (one public and one private) in this area.

Ramsgate B. A new sea-water swimming-pool was opened during the year. There is a plant providing continuous aeration and chlorination ; and samples of the water gave satisfactory bacteriological results.

Rochester C. The water of the Corporation's open-air swimming-pool is chlorinated, and bacteriological examinations show that a satisfactory standard is attained.

Sevenoaks U. A new purification plant was installed at the public baths.

Sittingbourne and Milton U. An up-to-date filtration and chlorination plant has been installed at the public swimming-bath.

Swanscombe U. Plans of an open-air swimming-pool have been approved, and work on its construction will commence in 1936. The water will be purified by filtration, by horizontal pressure-filters, and by a chlorination-plant.

Tonbridge U. A purification and sterilization plant has been installed at the open-air swimming-pool owned by the council.

Tunbridge Wells B. There are both indoor and outdoor swimming-baths, belonging to the Corporation.

Bridge-Blean R. There are two swimming-pools, used by private schools. Arrangements have been made for their inspection and sampling during the summer months.

Dartford R. There is one open-air bath, at Kingsdown.

Malling R. The two swimming-pools in this area have each a satisfactory chlorination and filtration system.

Sevenoaks R. There are four swimming-pools in this area; three public ones, supplied from the Rivers Darent or Eden, and one private one, supplied from the mains of the Sevenoaks Water Company. All these pools have been inspected, but no action was found to be necessary.

Strood R. There is one swimming-pool, the water in which was found to be satisfactory on analysis.

Tonbridge R. There are two open-air swimming-pools, one at Hildenborough, the other at Pembury.

METEOROLOGICAL OBSERVATIONS.

The facilities existing in the various districts of the county, for meteorological observation and recording, were set out in detail in my Annual Report for 1930, and have been amended as necessary since then.

No comments are made in this connection in 1935 summaries.

ADOPTIVE ACTS, BYE-LAWS AND REGULATIONS.

The following additions were made during 1935, to the Adoptive Acts in force in the various districts of the County :—

Beckenham Borough, the *Beckenham Urban District Council Act, 1935*; *Maidstone Borough*, the *Maidstone Corporation Act, 1935*; *Romney Marsh Rural*, Section 50, of Part III of the *Public Health Acts Amendment Act, 1907*.

Additions to the bye-laws were as follows :—Smoke Abatement, *Crayford Urban*. Cleansing of earth-closets, etc., *Bromley Borough* (revised). Removal of offensive matter, *Bromley Borough* (revised). New Streets and Buildings, *Erith Urban* (revised), *Swanscombe Urban*, *Bridge-Blean Rural* and *Maidstone Rural*. Prevention of Nuisances, *Beckenham Borough* (revised), *Bromley Borough* (revised), *Swanscombe Urban*, and *Gillingham Borough* (the last-named to come into force at the beginning of 1936). Good Rule and Government, *Folkestone Borough* (revised). Offensive Trades, *Gillingham Borough*. Slaughter-houses, *Beckenham Borough* (revised), *Bromley Borough* (revised), *Folkestone Borough* (revised), *Swanscombe Urban*. Fish-frying, *Beckenham Borough*. Parks and pleasure-grounds, *Gillingham Borough* and *Swanscombe Urban*. Tents, vans and sheds, *Gillingham Borough*. Hop-pickers' lodgings, *Tonbridge Rural* (revised). Common lodging-houses, *Beckenham Borough* (revised), *Bromley Borough* (revised). Means of escape from fire, *Swanscombe Urban*. Drainage of existing buildings, *Swanscombe Urban*. Nursing Homes, *Folkestone Borough* (revised). Removal of house refuse, *Bromley Borough*.

In *Maidstone Borough*, a bye-law was adopted in respect of the areas, added to the borough under the Kent Review Order.

In *Whitstable Urban* the bye-laws were revised.

In *Ashford Urban* it has been decided to revise, during 1936, the bye-laws relating to slaughter-houses, offensive trades, common lodging-houses, and houses-let-in-lodgings.

Various bye-laws, or the adoption of certain Acts, are said to be needed in the following districts :—Tents, vans and sheds, *Herne Bay Urban*, *Bridge-Blean Rural* and *Strood Rural*. Offensive trades, *Northfleet Urban*. Houses-let-in-lodgings, *Bromley Borough* (under consideration) and *Hythe Borough*. The Public Health Act, 1925, *Maidstone Rural*.

CLEANSING AND DISINFECTION OF VERMINOUS PERSONS AND THEIR BELONGINGS.

In my Annual Report for 1930 a table was included showing the facilities available for the cleansing, etc., of verminous persons, their clothing and belongings. There have been few changes or extensions since then.

The following references are taken from the reports or summaries for 1935 :—

Chatham B. “ Much of the old and insanitary property is infested with bugs, and before tenants are transferred to new houses, furniture and other effects are disinfested. This is the most important part of the process.

“ There is a tendency to rely too much on fumigation and to call in the assistance of the Health Department to remedy conditions which in many instances are the fault of the tenant, and which a more liberal use of soap and water and the scrubbing-brush would go far to prevent.”

Chislehurst and Sidcup U. The discovery of a number of premises infested with bugs, led to the trial of several preparations for extermination of the pest ; and towards the end of the year it was found that the solution of ortho-dichlorobenzene, recommended by the Ministry of Health, was the most useful for house-disinfestation. This solution was used in eighteen of the Council's own houses, and was successful in seventeen ; the only failure being due to “ loss of seal ” of the premises.

The solution is now ‘ made up ’ by the Public Health Department, and sold to property owners at a cheap rate.

Herne Bay U. The medical officer of health mentions that clothing can be dealt with at the disinfecting station, but there are no facilities for the cleansing of verminous persons.

Maidstone B. The furniture and effects of families removing from verminous premises to houses belonging to the Corporation, are now disinfested with hydrogen-cyanide.

It may be mentioned here, also, that some trouble was caused in *Chislehurst and Sidcup Urban* by a heavy infestation of crickets in houses in close proximity to the Council's refuse-shoot. The Chief Sanitary Inspector gives details in his report, of the use of certain preparations (eight fluids and nine contact powders) in combating this pest. One preparation in each group was found to be the most effective, and towards the end of the year the infestation was considerably lessened.

LEGAL PROCEEDINGS AND RESULTS.

The following paragraphs give information as to the legal proceedings taken during the year, in various districts, and the results thereof :

Beckenham B.—One case—Sec. 41, Public Health Act, 1875—order to carry out work in four houses within twenty-one days, and pay £5 18s. 0d. costs.

Bexley U. One case—Shops Acts—selling after closing time—fined £2.

Crayford U. One case—Sec. 73, Public Health Act, 1925—fined 10/-.

Dartford B. One case—failure to comply with statutory notice, Sec. 91, Public Health Act, 1875—order made, and order to pay costs. One case—Milk and Dairies Order, 1926—bottling milk in public highway—fined £2 and costs.

Erith U. One case—Sec. 116, Public Health Act, 1875, and Sec. 28, Public Health Acts Amendment Act, 1890—exposure of unsound food for sale—fined £30 and costs.

Folkestone B. One case—Sec. 32, Folkestone Corporation Act, 1920—failure to comply with notice requiring provision of refuse-bin—fined 5/-. Four cases—Sec. 117, Public Health Act, 1875—unsound foods—three cases fined £5 each, one case fined £2. Five cases—Sec. 2, Food and Drugs (Adulteration) Act, 1928—selling milks deficient in fat—all dismissed. One case—Milk and Dairies Order, 1926—filling milk bottles other than on registered premises—fined £1. Magistrates' Orders granted in nineteen cases, under Sec. 117, Public Health Act, 1875—food unfit for human consumption.

Gillingham B. One case—failure to comply with notices under Sec. 94, Public Health Act, 1875—order to carry out work and pay costs. Fifteen cases under the Gillingham Corporation Act, concerning the provision of dustbins, were withdrawn on payment of costs.

Gravesend B. One case—contravention of bye-laws relating to overcrowding in an Improvement Area—case withdrawn, and defendant re-housed by the local authority.

Herne Bay U.—One case—continuing trade of milk-retailer after removal from register—fined £5. One case—nuisance from the keeping of animals—order for abatement, and payment of £3 3s. 0d. costs. One case—non-compliance with Justices' Order to admit sanitary inspector to premises—fined £5.

Hythe B. One case—using unregistered premises as dairy—fined £1. One case—setting up temporary building (caravan) without permission of local authority—dismissed. One case—occupying caravan and causing nuisance, or condition injurious to health—order made prohibiting use of caravan for habitation, within one part of borough.

Maidstone B. One case—exposure, for sale, of unsound meat—fined £4. One case—selling milk with 5% of added water—fined £2. One case—nuisance from the keeping of swine—fined 10/-.

Margate B. One case—Sec. 39, Housing Act, 1930—owner permitting re-occupation of house after demolition order had become operative—fined £2. One case—Sec. 76, Margate Corporation Act, 1926—failure to provide proper dust-bin—fined £1.

Penge U. Three cases—Secs. 91-94, Public Health Act, 1875—nuisances caused by general housing defects—order to comply in each case, and pay costs.

Ramsgate B. Three cases—Food and Drugs Acts—milks containing added water—fines and costs inflicted in each case. Six cases—filling milk bottles in street—penalties imposed in five cases, one case dismissed. Two cases—supplying pasteurised milk without holding supplementary licence—fine and costs in each case. One case—establishing an offensive trade without consent of local authority—dismissed on payment of costs.

Whitstable U. Milk and Dairies Order, 1926—One case—using unregistered premises—fined £2. One case—failing to provide sufficient water supply—fined £2. One case—keeping milk and utensils in room liable to contamination—fined £2. One case—failing to keep utensils in thorough cleanliness—fined £2. One case—failure to cleanse cows before milking—withdrawn. Two cases—uncleanly means of access to cowshed—each fined £3 and £1 1s. 0d. costs.

Sec. 94, P.H. Act, 1875—Two cases—failure to comply with notice to abate nuisance—one, order obtained, one withdrawn on undertaking to carry out work and pay £1 10s. 0d. costs.

Sec. 19, Housing Act, 1930—Two cases—refusal to comply with notice to vacate, following demolition order being obtained—ejectment order in each case.

Sec. 104, Whitstable Improvement Act, 1902—Six cases—setting up temporary building without permission—one fined £2 and £3 3s. 0d. costs, one fined 5s., one fined £1, one fined £1 and £1 1s. 0d. costs, one withdrawn on undertaking to refrain from using, one adjourned on undertaking to remove, and pay £1 1s. 0d. costs. One case—setting up three temporary buildings without permission—adjourned on undertaking to remove, and pay £2 2s. 0d. costs. Four cases—continuing use of temporary building after notice to remove—one fined £1 per day if not removed after seven days, three adjourned and subsequently withdrawn.

Elham R. One case—nuisance arising from occupation of caravan—order made prohibiting such use.

Hollingbourn R.—One case—failing to submit plans prior to commencement of erection of building—fined £2.

One case—permitting occupation of caravan encampment lacking proper closet accommodation and water supply—order to cease such occupation in fourteen days.

Maidstone R. One case—selling unsound meat—fined £10.

Romney Marsh R. One case—Housing Act—ejectment order obtained and executed. One case—erection and occupation of building without previous submission of plans—fined 10s.

Swale R. One case—application for ejectment order in connection with a demolition order—possession obtained.

CAMPING.

In these days, when so many people own or use the small car, the motor-cycle and the bicycle, and when walking or 'hiking' tours or holidays seem to be ever growing in popularity, the custom of camping appears to be increasing somewhat rapidly.

No one would deny that the custom as a whole has an excellent general bearing upon the health of the community; and surely no public health officer would advance any criticism of the fashion which is encouraging more and more young people from the larger towns to spend week-ends or longer periods in this healthful manner. As between the camping-holiday of modern youth, and the too-often 'stuffy,' overcrowded holiday 'apartments' of the past generations, there can be little comparison which does not redound to the advantage of the former.

Speaking generally, too, the average type of 'camper' is a good one. It is perhaps beside the point to enquire too closely into the dominating influences behind the popularity of the custom—as to whether the campers are actuated by pure love of camping for its own curious attraction, some atavistic influence from the past; whether it is because it is "the thing"—the fashion of the time; or whether it is simply for economic reasons. Whatever the reason, "the game selects its players"; the weaker practitioners are quickly dropped, and those who are genuinely attracted are left to their hobby.

Now it is fairly certain that the 'good' camper has, in the majority of cases, either the incentive of keenness, which will lead him to study his hobby carefully in the light of growing experience; or the great advantage of some previous grounding. One must bear in mind how many men at the present time, have learned in the Army the first principles of camping, and either practise them themselves or hand them on to their children; or how many of the younger people, of both sexes, have learned their camping from the splendid organisations of the Scouts or Guides. In either case and whether the camper be 'lone hiker,' or unit in a large camp, this type will derive immense advantage from a healthy holiday, and will create few or no troubles or problems for a public health department.

Nevertheless, there are problems connected with the rise in popularity of the camping fashion, and it is well that they should receive the careful consideration of local sanitary authorities. Kent is certainly one of the counties where such problems are always likely to arise, by reason of its varied attractions and its proximity to the Metropolis; and I think that one of these problems, and probably by far the most important, is the fact that whereas originally camping was largely confined to the individual, or at most to the small, or 'family,' party, it is now tending to develop more and more, in some places, along the lines of what might be termed 'semi-standing camps.'

I have no reason to doubt that the majority at least of such camps, are well-organised, well-kept, and under fairly good control by the individuals or commercial organisations responsible for them. I have every reason to think that the sanitary authorities of the districts concerned will spare no pains to oversee their continuing in good and healthy condition. The fact remains, however, that they are by their very nature, a potential source of danger from the public health point of view; and I trust that no effort will be lacking on the part of the individuals using them, or the organisations controlling them, to ensure that such potentiality is kept at its minimum. It would be a regrettable thing if some carelessness, or avoidable mishap, should jeopardise not only the immediate health of the comparatively few, but the future enjoyment of a great and growing number of participants in this healthy pastime of 'camping.'

From several references to this matter in the district Annual Reports, I quote the two following:—

Margate B.—There are several camping grounds, used during the summer months; one of these grounds contained over 160 campers. The grounds have been kept in a fairly clean and satisfactory condition.

There is also some 'promiscuous' camping—chiefly by persons with cars and small tents, who camp on waste ground, without permission, and stay only a few days. Complaints have been received regarding this practise, from occupiers of houses in the vicinity.

The Committee consider that some further control is necessary over these camping sites.

Sheppey R.—"Camping grounds have been put under control by approving certain of such areas. An inspector was appointed to keep these areas under supervision, especially towards the evening hours, to 11 p.m. This is an important point in stopping the nuisances which in such uncontrolled areas arise from all descriptions of refuse and indifferent sanitation."

Dr. Hills mentions that a survey of this area revealed that there were twenty-four permanent camps (tents varying from twenty-four to 275, and available to the public for three months); six temporary camps, available for one to two weeks; and twenty-two private camps, existing for one month or more.

TABLE 24.—Showing Record of Sanitary Work undertaken by **URBAN** District Sanitary Inspectors during the year 1935.

(b) Excluding Outworker's homes.

TABLE 25.—Showing Record of Sanitary Work undertaken by **RURAL** District Sanitary Inspectors during the year 1935.

[illegible]

* Figures for January-March only.

† Figures for April-December only.

inspection.

(b) Excluding Outworkers' homes.

† Figures for *Hoo R.* for the first three months of the year are included under *Strood R.*, with which district *Hoo* is now amalgamated.

TABLE 26.—In regard to Births and Deaths; Zymotic, Phthisis and Infantile Mortality; and Incidence of Scarlet Fever, Diphtheria and Enteric Fever—showing the amount of the rate above or below the Urban District average for the years 1935, 1934 and the five years' average 1929-1933, in each Urban District in the County of Kent. 131c

DISTRICT.	Birth-Rate.			Death-Rate.			Zymotic Death-Rate.			Phthisis Death-Rate.			Infantile Mortality per 1,000 births.			Incidence of Infectious Diseases per 1,000 of the population.								
																Scarlet Fever.			Diphtheria.			Enteric Fever.		
	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.
Ashford U.	2.0	0.5	0.2	0.7	2.1	1.3	0.01	0.06	0.05	0.17	0.03	0.20	12	16	5	0.45	0.84	0.10	0.20	1.16	0.02	0.05	0.03	0.07
Beckenham B.	1.6	1.2	2.2	2.4	2.5	1.8	0.05	0.18	0.11	0.15	0.05	0.25	12	13	12	0.23	0.67	1.04	0.60	0.82	0.70	0.08	0.02	0.17
Bexley U.	3.6	2.8	1.8	2.6	2.2	2.1	0.04	0.14	0.02	0.11	0.01	0.00	1	2	10	1.44	2.15	1.21	0.15	0.96	0.01	0.02	0.01	0.02
Broadstairs & St. Peter's U.	5.0	7.7	5.8	1.7	0.2	0.2	0.07	0.08	0.10	0.06	0.17	0.12	5	24	2	0.66	1.86	1.93	1.99	1.51	0.52	0.03	0.03	0.03
Bromley B.	1.2	0.9	1.1	1.2	1.2	1.1	0.02	0.07	0.04	0.15	0.37	0.04	17	44	8	0.91	1.70	0.76	0.18	0.41	0.06	0.04	0.03	0.01
Cbatham B.	1.6	1.0	3.0	0.3	0.7	1.0	0.06	0.06	0.22	0.25	0.44	0.22	6	16	15	1.06	0.73	0.12	0.46	0.55	0.12	0.00	0.01	0.05
Chislehurst & Sidcup U.	2.3	2.5	1.6	2.2	2.4	1.5	0.04	0.02	0.11	0.04	0.05	0.19	1	1	2	1.98	0.59	0.37	0.29	0.38	0.41	0.02	0.02	0.01
Crayford U.	2.3	3.0	2.5	2.1	1.7	3.7	0.29	0.02	0.03	0.03	0.14	0.08	14	5	2	0.36	1.53	0.04	0.32	0.16	0.09	0.00	0.02	0.06
Dartford B.	0.2	0.4	0.2	2.3	1.9	2.4	0.11	0.04	0.02	0.09	0.07	0.03	0	34	4	0.73	1.27	0.15	0.04	0.63	0.04	0.05	0.03	0.06
Deal B.	4.7	5.2	2.4	1.5	1.5	2.1	0.14	0.17	0.13	0.36	0.28	0.15	11	5	6	1.24	1.82	0.25	0.66	1.19	0.63	0.05	0.03	0.06
Dover B.	1.4	1.7	0.9	1.6	0.5	0.0	0.12	0.04	0.07	0.13	0.21	0.15	11	9	1	1.05	1.03	1.22	0.56	1.06	0.21	0.05	0.03	0.03
Erith U.	0.0	0.5	0.0	0.9	1.1	0.6	0.05	0.14	0.07	0.22	0.23	0.12	5	4	20	1.09	0.05	0.23	0.63	0.17	0.05	0.02	0.01	0.04
Faversham B.	2.0	0.8	0.8	2.4	3.5	2.2	0.06	0.23	0.09	0.00	0.59	0.17	31	25	1	0.80	2.28	1.22	0.64	1.53	0.73	0.05	0.03	0.04
Folkestone B.	0.7	1.4	1.7	0.8	0.8	1.3	0.10	0.07	0.02	0.07	0.07	0.04	2	22	5	0.06	1.05	0.31	0.37	1.16	1.38	0.04	0.07	0.01
Gillingham B.	0.4	0.0	1.1	0.4	0.6	0.0	0.02	0.08	0.08	0.31	0.05	0.07	2	6	4	0.58	1.13	0.61	0.56	0.46	0.13	0.03	0.04	0.04
Gravesend B.	0.8	1.4	3.4	0.9	0.6	0.3	0.01	0.17	0.11	0.20	0.00	0.02	1	13	3	0.28	0.00	0.30	0.34	0.47	0.07	0.05	0.01	0.06
Herne Bay U.	3.8	4.2	4.2	3.6	2.0	1.6	0.19	0.01	0.14	0.06	0.02	0.26	2	12	5	1.32	0.23	0.78	0.29	0.23	0.12	0.02	0.03	0.08
Hythe B.	2.2	0.8	1.5	1.1	2.0	1.0	0.45	0.11	0.10	0.10	0.25	0.01	17	21	14	1.49	2.58	0.51	0.62	0.78	0.97	0.07	0.05	0.05
Lydd B.	1.4	2.0	1.1	1.0	0.9	0.5	0.22	0.23	0.27	0.22	0.12	0.21	11	48	24	3.84	2.56	2.26	0.97	0.53	0.96	0.05	0.20	0.08
Maidstone B.	0.6	0.5	0.3	0.7	0.6	0.0	0.04	0.05	0.02	0.29	0.10	0.13	5	9	4	1.25	1.70	0.65	0.69	0.41	0.17	0.04	0.03	0.02
Margate B.	3.6	3.8	3.4	0.0	2.4	0.2	0.06	0.13	0.04	0.10	0.33	0.04	7	0	6	1.15	1.09	0.80	0.47	1.60	0.21	0.04	0.01	0.00
New Romney B.	4.3	0.1	0.7	2.1	3.1	2.7	0.15	0.23	0.03	0.05	0.03	0.45	45	48	20	0.44	2.15	1.19	0.97	0.68	0.49	0.05	0.00	0.08
Northfleet U.	1.8	2.2	2.7	1.3	1.1	0.1	0.03	0.06	0.09	0.14	0.49	0.12	10	11	3	0.43	0.76	0.19	0.29	0.51	0.06	0.05	0.03	0.20
Orpington U.	3.6	2.9	—	1.4	2.4	—	0.02	0.11	—	0.07	0.16	—	3	15	—	0.34	0.55	—	0.35	0.58	—	0.02	0.03	—
Penge U.	0.3	1.1	1.6	1.9	1.8	0.2	0.09	0.30	0.01	0.01	0.04	0.07	25	29	3	0.28	0.01	0.06	0.61	0.10	0.06	0.01	0.03	0.02
Queenborough B.	3.7	5.0	1.3	0.7	3.1	2.4	0.15	0.10	0.32	0.75	0.27	0.03	10	48	36	0.06	1.59	1.01	0.97	0.41	0.83	0.29	0.03	0.01
Ramsgate B.	0.8	1.6	0.5	2.6	1.2	1.2	0.03	0.08	0.07	0.14	0.06	0.01	4	9	5	0.83	0.62	1.19	0.06	0.23	0.56	0.05	0.00	0.06
Rochester C.	0.5	0.4	0.3	0.4	1.4	0.4	0.03	0.04	0.01	0.11	0.16	0.05	21	2	5	0.20	0.04	0.48	1.09	1.37	0.21	0.05	0.09	0.05
Sandwich B.	2.4	3.8	0.1	1.7	5.1	2.1	0.13	0.67	0.09	0.32	0.30	0.09	0	19	3	0.44	0.92	0.41	0.97	0.25	0.36	0.05	0.27	0.04
Sevenoaks U.	2.5	1.0	3.3	0.6	0.5	0.3	0.06	0.06	0.13	0.23	0.26	0.04	4	10	17	1.66	2.18	0.58	0.56	0.40	0.78	0.04	0.14	0.08
Sheerness U.	0.1	1.0	0.2	1.0	0.6	0.2	0.17	0.23	0.01	0.09	0.05	0.06	10	13	5	1.51	3.28	1.09	0.28	1.25	0.38	0.05	0.03	0.08
Sittingbourne & Milton U.	1.8	1.8	2.6	0.5	2.9	1.1	0.19	0.26	0.43	0.20	0.28	0.08	12	7	8	0.62	1.87	3.85	0.68	0.27	1.99	0.00	0.57	0.02
Southborough U.	0.8	2.6	1.5	3.5	3.3	3.2	0.01	0.09	0.16	0.20	0.34	0.23	16	9	7	0.69	2.23	1.53	0.83	0.86	0.37	0.05	0.03	0.02
Swanscombe U.	1.4	1.0	1.2	0.0	0.8	0.6	0.03	0.23	0.05	0.72	0.11	0.03	10	26	4	1.03	7.62	0.34	0.23	0.07	0.15	0.05	0.03	0.06
Tenterden B.	2.8	4.9	2.4	4.1	1.1	3.5	0.15	0.07	0.09	0.29	0.30	0.10	5	48	33	0.30	0.03	0.59	0.97	0.85	0.98	0.05	0.03	0.04
Tonbridge U.	0.9	0.3	1.1	0.8	0.3	0.1	0.09	0.23	0.08	0.15	0.10	0.04	18	18	4	2.56	1.25	0.39	0.74	0.61	0.70	0.07	0.03	0.03
Tunbridge Wells B.	3.0	1.3	2.9	4.3	4.2	3.5	0.09	0.17	0.12	0.23	0.25	0.21	9	11	1	0.45	0.48	1.28	0.70	0.05	0.54	0.05	0.00	0.05
Walmer U.	4.0	0.4	2.6	1.1	0.4	3.7	0.15	0.05	0.04	0.59	0.42	0.04	45	10	16	—*	3.67	0.21	—*	0.50	0.59	—*	0.03	0.08
Whitstable U.	4.7	3.7	3.1	1.3	3.9	1.9	0.08	0.16	0.14	0.20	0.17	0.13	25	1	2	0.28	1.22	0.91	0.70	1.11	0.69	0.15	0.03	0.02
Average rates of the 39 Urban Districts.	14.7	14.3	14.8	11.0	11.1	11.8	0.15	0.23	0.27	0.59	0.60	0.69	45	48	51	2.07	3.28	2.42	0.97	1.25	1.10	0.05	0.03	0.08

* The notifications of infectious disease in **Walmer Urban**, for the first three months of the year (i.e., prior to the amalgamation with **Deal Borough**) were included in the figures for the latter area. The figures printed in red represent the balance of the rate above the average rate for the aggregate Urban Districts, the figures in black the balance of the rate below the average. (The actual rate is obtained by adding or deducting the figures shown, to or from the average rates given in the last line.)

TABLE 27.—In regard to Births and Deaths; Zymotic, Phthisis and Infantile Mortality; and Incidence of Scarlet Fever, Diphtheria and Enteric Fever—showing the amount of the rate above or below the Rural District average for the years 1935, 1934, and the five years' average 1929-1933, in each Rural District in the County of Kent. 131d

DISTRICT.	Birth-Rate.			Death-Rate.			Zymotic Death-Rate.			Phthisis Death-Rate.			Infantile Mortality per 1,000 births.			Incidence of Infectious Diseases per 1,000 of the population.								
																Scarlet Fever.			Diphtheria.			Enteric Fever.		
	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.	1935.	1934.	Aver. 1929-1933.
Ashford, East	1.5	1.5	1.1	0.9	1.9	0.1	0.01	0.12	0.09	0.08	0.46	0.03	3	20	9	0.78	1.61	1.15	0.72	0.44	0.44	0.04	0.02	0.04
Ashford, West	1.4	1.0	0.4	2.3	1.6	0.5	0.13	0.03	0.11	0.18	0.04	0.04	4	6	10	0.82	3.13	0.89	2.23	0.43	0.53	0.04	0.02	0.09
Bridge-Blean	3.3	1.6	0.8	0.4	0.1	0.1	0.08	0.04	0.01	0.16	0.15	0.06	5	16	3	0.31	0.07	0.96	0.13	0.08	0.37	0.04	0.02	0.00
Cranbrook	1.6	0.8	2.0	0.4	0.1	1.5	0.11	0.01	0.00	0.12	0.27	0.07	6	18	4	1.01	2.17	0.27	0.79	0.64	0.54	0.04	0.02	0.03
Dartford	0.6	0.9	0.7	1.7	1.2	2.0	0.05	0.17	0.12	0.25	0.22	0.04	15	12	13	1.57	3.15	0.95	0.99	0.37	0.72	0.00	0.02	0.04
Dover	0.3	3.9	2.2	2.2	0.0	0.4	0.00	0.10	0.02	0.09	0.23	0.05	6	30	4	1.35	0.82	0.36	0.72	0.51	0.28	0.04	0.02	0.09
Eastry	0.8	4.1	4.4	0.3	0.0	0.0	0.04	0.10	0.12	0.25	0.13	0.13	19	4	14	1.15	1.32	0.16	0.09	0.53	0.89	0.01	0.02	0.02
Elham	0.2	1.9	0.1	0.1	0.3	1.2	0.01	0.10	0.14	0.05	0.22	0.09	8	5	4	0.72	2.39	0.61	0.47	1.30	0.56	0.08	0.02	0.04
*Faversham	2.6	1.1	1.2	2.8	0.3	1.0	0.11	0.16	0.03	0.19	0.11	0.14	48	3	10	0.79	1.34	0.30	2.67	1.37	0.06	0.04	0.02	0.04
Hollingbourn	0.7	1.1	0.1	1.7	1.8	1.7	0.11	0.21	0.01	0.09	0.36	0.10	2	17	8	0.80	0.70	0.02	0.86	0.03	0.44	0.04	0.02	0.02
*Hoo	2.8	2.0	2.3	4.9	1.5	1.2	0.11	0.21	0.09	0.41	0.32	0.41	27	2	17	†	0.18	1.38	†	1.00	0.52	†	0.02	0.04
Maidstone	0.7	0.8	0.7	0.4	0.4	1.8	0.11	0.15	0.07	0.04	0.01	0.06	1	22	0	0.62	0.07	0.36	0.22	0.26	0.29	0.04	0.02	0.08
Malling	1.3	0.2	0.7	0.4	0.6	1.1	0.11	0.07	0.07	0.25	0.03	0.54	6	5	5	0.21	1.46	0.06	0.44	0.48	0.21	0.04	0.02	0.02
*Milton	4.8	2.4	0.8	0.8	3.3	1.3	0.11	0.07	0.03	0.14	0.27	0.21	40	9	1	0.22	1.80	2.63	1.28	0.72	1.29	0.04	0.02	0.02
Romney Marsh	1.9	1.3	0.6	0.7	2.1	1.4	0.11	0.21	0.08	0.10	0.56	0.03	9	50	11	1.71	2.18	0.51	0.61	0.58	0.69	0.04	0.02	0.04
Sevenoaks	0.8	0.4	0.5	0.1	0.8	0.2	0.03	0.06	0.09	0.15	0.11	0.15	4	8	10	0.85	1.06	0.06	0.82	0.18	0.65	0.04	0.02	0.03
Sheppey	0.6	0.7	0.7	1.0	0.7	0.7	0.11	0.05	0.06	0.18	0.25	0.23	29	39	23	0.96	1.62	0.70	0.64	0.21	0.47	0.41	0.02	0.01
Strood	0.1	3.4	0.4	1.9	0.7	0.0	0.05	1.35	0.10	0.12	0.08	0.11	5	2	3	0.37	3.22	0.32	0.58	0.07	0.12	0.04	0.28	0.03
†Swale	0.4	—	—	1.4	—	—	0.04	—	—	0.11	—	—	8	—	—	0.73	—	—	0.26	—	—	0.04	—	—
Tenterden	0.5	0.7	0.8	1.3	2.9	2.7	0.11	0.21	0.08	0.10	0.69	0.29	8	6	11	0.11	2.41	0.65	0.78	0.69	0.70	0.04	0.02	0.09
*Thanet	1.4	2.8	2.6	0.7	0.4	0.1	0.73	0.14	0.03	0.41	0.01	0.05	46	8	6	1.08	0.87	1.14	0.74	0.22	0.37	0.04	0.02	0.04
Tonbridge	1.4	1.2	0.6	0.0	0.2	1.2	0.00	0.11	0.03	0.09	0.08	0.09	14	5	4	0.26	0.48	0.19	0.94	1.23	0.16	0.02	0.02	0.03
Average rates of the 22 Rural Districts ...	14.6	14.9	14.9	11.4	11.9	11.5	0.11	0.21	0.21	0.41	0.56	0.58	40	50	50	2.00	3.19	2.18	0.94	1.00	1.09	0.04	0.02	0.09

The figures printed in red represent the balance of the rate above the average rate for the aggregate Rural Districts, the figures in black the balance of the rate below the average. (The actual rate is obtained by adding or deducting the figures shown, to or from the average rates given in the last line.)

* 3 months only January-March.

† 9 months only, April-December.

‡ Notifications for the first three months of the year, included in the figures for Strood R., with which area Hoo R. was then amalgamated.

TABLE 28.—SHOWING CAUSES OF DEATH IN THE URBAN DISTRICTS OF THE COUNTY OF KENT DURING THE YEAR, 1935. 131e

District.	Causes of Death																																		Special Causes									
	Typhoid Fever, etc.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-spinal Fever.	Respiratory Tuberculosis.	Other Tuberculosis.	Syphilis.	General Paralysis of Insane, etc.	Cancer.	Diabetes.	Cerebral Hemorrhage.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Peptic Ulcer.	Diarrhea, etc. (under two years).	Appendicitis.	Gnathosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Causes, etc.	Senility.	Suicide.	Other Violence.	Other Defined Causes.	Ill-defined Causes.	Small-pox.	Poliomyelitis.	Polio-encephalitis.					
Ashford U. ...	—	1	—	—	1	2	—	—	17	5	—	—	45	4	17	54	1	16	8	15	1	4	1	3	—	1	7	13	—	1	5	8	2	3	24	—	—	—	—	—	—	—	—	
Beckenham B. ...	1	—	—	—	3	10	1	2	29	6	1	1	93	10	24	152	1	29	4	15	9	9	2	6	5	3	13	22	—	2	21	13	10	21	47	1	—	—	—	—	—	—		
Bexley U. ...	—	2	1	1	3	—	—	1	29	12	1	4	72	4	11	148	2	19	14	30	5	6	4	8	1	1	13	13	2	1	28	2	8	12	45	—	—	—	—	—	—	—	—	
Broadstairs and St. Peter's U. ...	—	—	—	—	—	3	1	—	7	—	—	—	30	6	10	40	1	12	6	7	3	—	1	1	2	1	5	9	—	—	3	5	2	2	9	1	—	—	—	—	—	—		
Bromley B. ...	1	—	1	—	4	11	—	—	25	2	—	1	86	2	30	182	1	23	13	19	2	13	1	3	—	2	16	11	—	1	12	10	8	13	54	1	—	—	—	—	—	—		
Chatham B. ...	—	—	—	—	2	2	1	—	37	7	2	3	80	6	16	143	2	8	8	22	4	7	7	2	—	3	6	13	1	1	19	5	7	29	48	1	—	—	—	—	—	—		
Chislehurst and Sidcup U. ...	—	—	—	—	3	5	1	—	26	3	2	1	57	4	16	117	—	21	5	28	2	4	2	5	1	3	15	11	—	1	20	6	7	16	37	—	—	—	—	—	—	—		
Crayford U. ...	—	—	—	—	1	—	—	—	13	1	—	1	21	3	4	50	—	11	4	5	1	4	8	—	—	2	8	2	—	7	4	5	10	21	—	—	—	—	—	—	—	—		
Dartford B. ...	—	—	2	1	1	—	—	—	16	2	1	—	48	6	11	68	—	16	12	12	1	4	4	2	1	2	9	5	1	—	8	2	5	12	21	1	—	—	—	—	—	—		
Deal B. ...	—	1	—	—	—	1	—	—	5	1	1	1	40	3	11	78	—	7	13	8	—	2	5	2	1	—	9	11	—	2	13	13	8	15	14	—	—	—	—	—	—	—		
Dover B. ...	—	—	—	—	1	9	1	2	30	4	1	5	77	6	58	127	—	13	34	21	8	3	—	6	3	1	9	8	1	1	24	14	6	15	33	—	—	—	—	—	—	—		
Erith U. ...	—	—	—	1	—	1	2	1	29	3	4	2	57	5	12	105	—	22	8	13	4	4	5	2	1	1	10	7	—	2	10	1	2	13	33	—	—	—	—	—	—	—		
Faversham B. ...	—	—	—	—	1	1	—	—	7	1	—	1	25	2	14	39	—	7	7	5	2	2	—	1	—	—	3	1	—	1	1	12	1	3	21	—	—	—	—	—	—	—		
Folkstone B. ...	—	—	—	1	1	9	—	1	24	5	3	2	77	10	20	139	2	30	16	25	6	8	—	3	1	4	13	24	1	4	18	13	8	18	60	—	—	—	—	—	—			
Gillingham B. ...	—	—	1	—	5	3	1	—	56	6	1	1	118	11	37	223	4	23	13	30	6	6	2	3	3	2	14	23	1	—	29	6	8	25	49	—	—	—	—	—	—	—		
Gravesend B. ...	—	4	—	—	1	3	—	—	15	6	2	3	64	7	18	67	1	36	24	22	3	1	1	1	2	—	8	11	2	3	15	14	4	15	29	—	—	—	—	—	—	—		
Herne Bay U. ...	—	—	—	—	4	5	1	—	8	1	1	—	28	4	16	73	2	7	12	7	1	1	1	—	—	—	5	5	—	—	5	7	1	10	15	—	—	—	—	—	—	—		
Hythe B. ...	—	—	—	—	—	1	—	—	6	—	—	2	19	2	6	29	1	4	1	3	2	—	—	2	—	2	1	2	—	—	2	1	—	4	14	1	—	—	—	—	—	—		
Lydd B. ...	—	—	—	1	—	—	—	—	1	—	—	—	7	1	1	9	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—		
Maidstone B. ...	1	—	—	—	3	5	—	—	41	5	—	1	66	5	18	106	—	41	21	22	5	5	1	2	3	—	9	19	1	1	19	23	9	14	34	—	—	—	—	—	—	—		
Margate B. ...	—	—	1	—	3	1	1	1	18	3	—	1	73	7	25	91	—	18	7	18	4	2	2	6	2	2	12	12	—	2	17	21	6	6	40	2	—	—	—	—	—	—		
New Romney B. ...	—	—	—	—	—	—	—	—	1	—	—	—	6	—	1	11	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Northfleet U. ...	—	—	—	2	3	—	—	—	8	5	—	1	30	4	12	69	1	4	10	10	1	3	—	3	—	—	6	7	—	—	7	5	1	10	15	—	—	—	—	—	—	—		
Orpington U. ...	—	1	—	—	2	6	—	—	19	3	1	1	39	7	17	108	5	12	5	21	1	3	3	4	2	1	5	7	—	1	21	5	5	12	31	1	—	—	—	—	—	—		
Penge U. ...	—	—	—	—	—	2	—	—	15	5	—	1	51	3	12	94	1	13	12	14	5	2	6	2	2	—	10	11	—	2	13	15	3	13	26	—	—	—	—	—	—	—	—	
Queenborough B. ...	—	—	—	—	—	1	—	—	4	—	—	—	4	—	—	10	—	1	—	1	1	1	—	—	—	—	1	2	1	—	2	1	—	2	3	—	—	—	—	—	—	—		
Ramsgate B. ...	—	1	—	2	1	6	1	2	25	3	—	1	66	7	43	116	—	15	19	16	8	5	2	3	1	1	6	17	—	—	13	20	7	26	25	3	—	—	—	—	—	—	—	
Rochester C. ...	—	—	—	—	1	—	—	—	1	24	2	—	60	9	16	103	2	8	12	18	1	7	5	2	—	3	8	10	3	—	21	14	3	17	37	1	—	—	—	—	—	—	—	
Sandwich B. ...	—	—	—	1	—	3	—	—	1	—	—	—	7	—	—	4	1	—	—	2	1	—	—	1	—	—	2	1	—	—	1	2	1	3	3	—	—	—	—	—	—	—	—	
Sevenoaks U. ...	—	—	—	—	—	3	—	—	10	—	—	—	25	1	4	34	2	7	2	3	2	1	1	1	—	—	3	3	—	—	3	4	4	1	12	1	—	—	—	—	—	—	—	
Sheerness U. ...	—	—	—	—	2	4	—	—	8	—	—	—	29	—	7	52	2	6	6	8	2	4	3	3	—	3	5	9	—	1	8	5	5	4	16	—	—	—	—	—	—	—	—	
Sittingbourne and Milton U. ...	—	—	—	1	2	2	—	—	8	4	1	—	27	5	16	60	—	24	10	9	2	1	4	1	—	—	4	9	1	2	6	7	1	15	15	—	—	—	—	—	—	—	—	
Southborough U. ...	—	—	1	—	—	3	—	—	3	—	—	—	10	1	6	40	—	7	4	1	—	1	—	1	—	1	5	4	—	1	2	—	1	5	13	—	—	—	—	—	—	—	—	
Swanscombe U. ...	—	—	—	—	1	2	—	—	11	1	—	—	16	—	4	24	—	5	2	—	—	—	—	—	1	—	1	4	—	—	4	3	—	6	7	—	—	—	—	—	—	—	—	
Tenterden B. ...	—	—	—	1	—	1	—	—	1	—	—	—	6	1	6	14	—	2	—	3	—	—	—	—	—	—	—	1	—	—	—	1	8	—	—	6	—	—	—	—	—	—	—	
Tonbridge U. ...	—	—	—	1	—	4	2	—	13	1	—	—	31	6	10	43	—	27	1	3	1	4	—	1	—	2	6	5	—	2	10	6	2	7	17	1	—	—	—	—	—	—	—	
Tunbridge Wells B. ...	—	—	2	—	3	1	—	—	12	5	2	—	88	7	31	148	2	36	15	24	8	1	—	3	—	1	13	22	—	—	13	9	10	8	47	—	—	—	—	—	—	—	—	
*Walmer U. ...	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	5	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	
Whitstable U. ...	—	—	—	1	—	—	—	—	6	1	—	—	34	3	10	58	—	14	2	6	3	2	—	1	—	2	7	12	—	—	1	1	3	4	13	1	—	—	—	—	—	—	—	—
Totals in Urban Districts ...	3	10	8	13	46	118	14	10	608	103	24	36	1715	163	570	3033	34	546	331	471	105	121	71	85	31	42	261	353	18	32	402	285	153	394	938	17	—	1	1	—	—	—	—	

* From 1st January to 31st March only.

TABLE 29.—SHOWING CAUSES OF DEATH IN THE RURAL DISTRICTS OF THE COUNTY OF KENT DURING THE YEAR, 1935. 131f

District	Typhoid Fever, etc.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-spinal Fever.	Respiratory Tuberculosis.	Other Tuberculosis.	Syphilis.	General Paralysis of insane, etc.	Cancer.	Diabetes.	Cerebral Hemorrhage.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Peptic Ulcer.	Diarrhoea, etc. (under two years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Causes, etc.	Senility.	Suicide.	Other Violence.	Other Defined Causes.	Ill-defined Causes.	Special causes (included also under the heading "Other defined causes")				
																																					Small-pox.	Polio-myelitis.	Polio-encephalitis.		
Ashford, East	...	—	—	—	—	5	—	—	3	1	—	1	17	2	7	29	1	4	3	3	1	2	1	—	—	1	3	4	—	—	2	4	—	5	12	—	—	—	—		
Ashford, West	...	—	—	1	1	—	—	—	5	1	—	—	20	—	10	34	—	2	1	8	—	1	—	—	1	3	1	1	—	—	2	5	1	8	10	—	—	—	—		
Bridge-Blean	...	—	—	—	3	3	—	—	4	2	—	—	27	2	11	42	—	9	3	11	1	1	—	1	2	1	7	6	—	—	6	14	—	4	15	1	—	—	—	—	
Cranbrook	...	—	—	3	—	5	—	—	4	3	—	—	16	2	3	53	1	11	2	4	5	1	—	—	2	2	5	3	—	—	4	12	3	4	12	—	—	—	—		
Dartford	...	—	1	—	2	—	1	2	5	3	—	4	49	3	9	106	2	13	6	18	4	1	2	1	—	1	6	10	1	1	5	3	3	16	31	—	—	—	—		
Dover	...	—	—	—	1	6	—	—	3	—	—	—	16	2	13	24	—	8	2	6	—	—	—	1	—	1	5	5	—	—	5	4	3	5	15	—	—	—	—		
Eastry	...	—	—	—	1	8	1	—	14	4	—	2	32	1	15	49	2	7	17	12	4	—	2	2	3	1	6	9	2	2	14	16	2	7	12	—	—	—	—		
Elham	...	—	—	—	—	5	—	—	4	—	—	—	12	—	6	31	1	6	—	3	1	—	1	2	—	—	5	3	—	—	5	1	1	5	7	—	—	1	—		
*Faversham	...	—	—	—	—	—	—	—	2	1	—	—	6	—	3	10	—	1	6	5	—	—	—	—	—	—	—	3	—	1	2	2	—	2	3	—	—	—	—		
Hollingbourn	...	—	—	—	—	—	1	—	7	2	—	—	33	—	11	42	—	18	9	9	1	—	—	1	—	1	2	12	1	—	6	4	3	5	14	—	—	—	—		
*Hoo	...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	9	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	3	—	3	—	—	—	—	—		
Maidstone	...	—	—	—	—	3	—	—	7	4	1	2	26	2	3	42	1	23	6	5	—	1	—	1	—	—	4	4	—	—	8	12	6	8	10	1	—	—	—	—	
Malling	...	—	—	—	—	8	—	1	20	3	1	2	48	3	19	83	1	33	15	18	4	3	—	1	1	1	20	12	—	1	6	8	4	11	30	—	—	—	—	—	
*Milton	...	—	—	—	—	—	—	—	1	1	—	—	2	1	1	6	—	—	1	—	—	—	—	—	—	1	1	1	—	—	—	—	1	—	5	—	—	—	—	—	
Romney Marsh	...	—	—	—	—	—	1	—	1	—	—	—	4	2	4	12	—	4	1	4	1	—	—	—	—	—	1	—	—	—	1	—	—	1	2	—	—	—	—	—	—
Sevenoaks	...	—	—	—	—	8	—	—	7	2	1	1	42	10	14	77	2	15	8	14	1	2	2	1	1	1	9	9	—	—	6	17	4	12	36	1	—	—	—	—	
Sheppey	...	—	—	—	—	2	—	1	4	1	—	1	10	1	2	18	—	4	2	2	1	1	—	—	1	1	1	5	—	—	—	2	—	5	5	—	—	—	—	—	
Strood	...	—	1	—	—	2	—	—	9	—	—	—	19	3	9	44	—	6	8	5	—	2	—	—	—	1	2	4	—	—	9	8	2	7	19	—	—	—	—	—	
†Swale	...	—	—	—	1	1	—	—	7	—	—	—	17	2	13	32	1	11	3	6	—	—	1	—	—	1	4	1	—	1	3	2	2	8	17	—	—	—	—	—	
Tenterden	...	—	—	—	—	1	1	—	2	1	—	—	9	1	9	21	—	2	—	8	—	—	—	1	—	1	1	1	—	—	2	6	4	1	8	1	—	—	—	—	
*Thanet	...	—	1	—	1	—	1	—	—	2	—	—	5	—	—	8	—	1	1	1	—	—	1	—	—	—	2	3	—	1	1	2	—	2	4	—	—	—	—	—	
Tonbridge	...	1	—	1	—	—	4	—	6	3	—	—	38	1	8	54	—	16	8	11	2	4	—	2	—	4	5	7	—	—	11	1	2	11	12	—	—	—	—	—	
Totals in Rural Districts	...	1	2	2	5	9	62	6	4	115	34	3	13	449	38	170	826	12	194	102	153	26	19	10	14	11	22	90	104	4	7	99	126	41	130	279	4	—	1	—	
Totals in Urban Districts	...	3	10	8	13	46	118	14	10	608	103	24	36	1715	163	570	3033	34	546	331	471	105	121	71	85	31	42	261	353	18	32	402	285	153	394	938	17	—	1	1	
Totals in County	...	4	12	10	18	55	180	20	14	723	137	27	49	2164	201	740	3859	46	740	433	624	131	140	81	99	42	64	351	457	22	39	501	411	194	524	1217	21	—	2	1	

* From 1st January to 31st March only.

† From 1st April to 31st December.

TABLE 30.—SHOWING CAUSES OF DEATH AT DIFFERENT AGE PERIODS IN THE COUNTY OF KENT DURING THE YEAR, 1935.

[illegible]



